DOCUMENT RESUME

ED 294 120 CG 020 786

AUTHOR Stiglmeier, Carol Anne
TITLE Alcohol/Drug-Free Schools in New York State. Planning and Policy Guidelines.
INSTITUTION New York State Education Dept., Albany.
PUB DATE 87
NOTE 99p.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS *Alcohol Abuse; *Drug Abuse; Elementary Secondary Education; Legal Problems; *Prevention; Program Development; *School Community Programs; *School Role
IDENTIFIERS *New York

ABSTRACT

This guide was developed to aid school administrators and school board members in leading the planning for a community approach to combat alcohol and drug abuse. It highlights critical aspects of the abuse problem among students in New York and explains the rationale for a cooperative planning effort by the school, the home, and the community. It outlines an approach to involve teachers, parents, students, and members of the community in the school's efforts to create and maintain a school environment that is free of alcohol and drugs. An executive summary gives six steps for using the guide. The first chapter documents the extent of the alcohol and drug abuse problem. Chapter 2 discusses the approach used in the guide, chapter 3 examines curriculum review and development, chapter 4 considers staff and community development and training, and chapter 5 explains the relationship between the school and law enforcement agencies. Chapter 6 focuses on the legal dimension, describing issues surrounding the problem of alcohol and drug abuse. Chapter 7 lists local, state, and national groups involved in drug abuse prevention. Chapter 8 looks at more than 30 student assistance and special prevention programs. Appendix A, How The Law Can Help, considers such legal issues as searching for drugs within the school, suspension and expulsion, and confidentiality of education records. Appendices B and C list local Councils on Alcoholism and local designated agencies by county in New York state. (NB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED294120

Alcohol/Drug-Free Schools

N NEW YORK STATE

Planning and Policy Guidelines

CG 020786

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Robert M. Trombly

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

The University of the State of New York
THE STATE EDUCATION DEPARTMENT

Alcohol/Drug-Free Schools

IN NEW YORK STATE

Planning and Policy Guidelines

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
1987

THE UNIVERSITY OF THE STATE OF NEW YORK

Regents of The University

MARTIN C. BARELL, *Chancellor*, B.A., I.A., LL.B. . . . . .Muttontown
R. CARLOS CARBALLADA, *Vice Chancellor*, B.S. . . . . .Rochester
WILLARD A. GENRICH, LL.B. . . . . .Buffalo
EMLYN I. GRIFFITH, A.B., J.D. . . . . .Rome
JORGE L. BATISTA, B.A., J.D. . . . . .Bronx
LAURA BRADLEY CHODOS, B.A., M.A. . . . . .Vischer Ferry
LOUISE P. MATTEONI, B.A., M.A., Ph.D. . . . . .Bayside
J. EDWARD MEYER, B.A., LL.B. . . . . .Chappaqua
FLOYD S. LINTON, A B., M.A., M.P.A. . . . . .Miller Place
SALVATORE J. SCLAFANI, B.S., M.D. . . . . .Staten Island
MIMI LEVIN LIEBER, B.A., M.A. . . . . .Manhattan
SHIRLEY C. BROWN, B.A., M.A., Ph.D. . . . . .Albany
NORMA GLUCK, B.A., M.S.W. . . . . .Manhattan
THOMAS R. FREY, A.B., LL.B. . . . . .Rochester
JAMES W. MCCABE, SR., A.B., M.A. . . . . .Johnson City
ADELAIDE L. SANFORD, B.A., M.A., P.D. . . . . .Hollis

President of The University and Commissioner of Education
THOMAS SOBOL

Executive Deputy Commissioner of Education
ROBERT J. MAURER

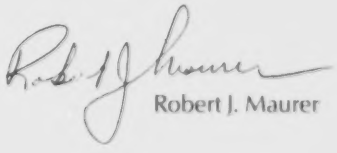
The State Education Department does not discriminate on the basis of age, color, religion, creed, disability, marital status, veteran status, national origin, race, or sex in the educational programs and activities which it operates. Inquiries concerning this policy of equal opportunity and affirmative action should be referred to the Department's Affirmative Action Officer, Education Building, Albany, NY 12234. Phone (518) 474-1265.

A Message from the Executive Deputy Commissioner of Education

The purpose of **Alcohol/Drug-Free Schools in New York State: Planning and Policy Guidelines** *is to help organize a community-wide effort in substance abuse education and prevention. Since substance abuse affects everyone in the community—adults as well as children—the community represents the area where prevention plans can be put into action most effectively. Our schools, as keystones of the community, are best able to spearhead this movement. Many valuable prevention programs are already in effect, and new ones are continually being developed. The coordination of all of these, however, is necessary. This handbook provides suggestions for this coordination, and, on a more comprehensive scale, for putting into effect a concerted effort by all elements of the community to prevent substance abuse.*

The planning portion of this guide can be the framework for action, while the resource sections name local, state, and national groups currently involved in the drug abuse prevention effort. The legal sections describe some of the issues surrounding this problem.

The message we hope to provide is clearly one of making connections among these networks of leaders and experts who can tailor solutions for your specific community.



Robert J. Maurer

Foreword

The goal of this publication is to provide school board members and school administrators with the information needed to establish a school program that promotes an alcohol/drug-free environment. It highlights some of the critical aspects of the abuse problem among students in New York State and explains the rationale for a cooperative planning effort by the school, the home, and the community. It outlines an approach to involve teachers, parents, students, and members of the community in the school's efforts to create and maintain a school environment that is free of alcohol and drugs.

This publication was developed with the assistance of the State of New York Division of Alcoholism and Alcohol Abuse, the State of New York Division of Substance Abuse Services, and the State of New York Division of Criminal Justice Services. It is part of a cooperative effort between these agencies and the New York State Education Department to help our schools in their efforts to combat the alcohol/drug abuse problem among our children.

The publication was written by Carol Anne Stiglmeier, Associate, Bureau of Curriculum Development, under the direction of Robert J. Maurer, Executive Deputy Commissioner of Education, and Robert D. Stone, former Counsel and Deputy Commissioner for Legal Affairs. Editorial assistance was provided by Edward T. Lalor, Director, Division for Program Development; Joan L. Milowe, Associate, Bureau of Curriculum Development; Rebecca Gardner, Chief, Warren Kilmer, Associate, and Betsy Thompson, Associate, Bureau of Health and Drug Education and Services. Editorial services were provided by Dale Evva Gelfand and Barbara L. Kelly, Consultants, and by Andrew DeFeo, Assistant Principal, Sand Creek Middle School, Albany, New York. This publication was reviewed by the State Education Department's Office for the Education of Children with Handicapping Conditions and by the Office of Civil Rights and Intercultural Relations.

We wish to thank our review committee, composed of New York State leaders in education and in the prevention of alcohol/drug abuse; their critical commentary was most helpful in preparing this publication. We

also extend thanks to the United States Department of Education for permission to use material from the publication, *What Works: Schools Without Drugs*.

Review Committee on Alcohol/Drug-Free Schools in New York State: Planning and Policy Guidelines

ESTELLE AVERY
New York State United Teachers

MORTON AVIGDOR
Associate General Counsel
Commission on Legislation
and Civic Action
Agudath Israel of America

JOHN H. BENNETT
Executive Director
New York State Council
of School Superintendents

SISTER MARY ANNE BRAWLEY
Executive Director
Catholic School Administrators
Association of New York State

FREDERICK CALDER
Executive Director
New York State Association
of Independent Schools

VICTOR DEBONIS
New York State School
Boards Association

LEO DELEONARDIS
Executive Director
New York State United Teachers

ANTHONY DIBENEDETTO
New York State Federation of
Professional Health Educators

JEANNE FRANKO
Executive Director
Public Education Association

JACQUELINE FREEDMAN
Executive Director
Conference of Large City
Boards of Education

LOUIS GRUMET
Executive Director
New York State School
Boards Association

LLOYD JAEGER
New York State Council of
School Superintendents

MARGARET KARPUS
New York State Council of
School Superintendents

PETER KOPCHA
Chairman
NYS Association of School-Based
Drug and Alcohol Prevention
Albany/Schenectady/Schoharie
BOCES

ROBERT M. LANCTO
Executive Director
School Administrators Association
of New York State

JOSEPH MCTIGHE
Executive Secretary
New York State Council of
Catholic School Superintendents

MARY ANN PARKER
President
New York State Congress of
Parents and Teachers, Inc.

THOMAS PISA
President
National Education Association
of New York State

AUDREY SARNER
Director
NYC Coalition of School-Based
Alcohol and Substance Abuse
Programs

ALVIN SCHIFF
Executive Vice-President
Board of Jewish Education of
Greater New York

SALLY ANN SHIELDS
Executive Director
Drug Abuse Prevention Program,
Archdiocese of New York

FRITZ TRINKLEIN
Executive Director
Lutheran Schools Association,
Long Island Lutheran High School

WILLIAM ZIMMERLI
Executive Director
New York State Federation of
Professional Health Educators

Executive Summary

THE PURPOSE OF THIS BOOKLET

This booklet has been developed for school administrators and school board members as an aid in leading the planning for a community approach to combat alcohol/drug abuse. While the problem is clear and the need for joint action by various groups in the community has been documented, the steps to take to organize school staff and the community, the leadership function of school board members and school administrators, and the roles of the community groups may not be clear.

WHAT THE BOOKLET DOES

This booklet shows some ways that a school system can organize the process of community action. Schools can serve as the forum for various leaders and their groups to combine their efforts on behalf of the community, especially for school-age youth. The booklet contains some successful strategies that have been developed after consultation and review with those who live and work with the problem and who have found some workable methods. It also serves as a reference for regional and statewide groups that can also help.

HOW TO USE THE BOOKLET

1. Read about the problem as summarized on pages 3–6. Decide who needs to be convinced further of the scope and intensity of the alcohol/drug abuse problem among the students whom the school serves. Share these pages with others and talk to them about their contents. Focus on the community leaders—those people whose energy, time, and involvement are needed to help plan a course of action. Include a representative cross section of teachers, parents, and students in your discussions because they are crucial to the success of actions that follow. You and many other leaders in the community may be aware of the problem as described in Chapter 1 of this booklet, but do all of the significant players who command the attention of the community have the same sense of what these pages say?

2. Read the second chapter of the booklet, "The Approach." Some features of the approach may already be in place. Focus on those that aren't and consider who's necessary to make Chapter 2 work. As leaders in the community, the school board members and the school superintendent can gain commitments across the community and within the school. Discuss the points raised in the subsection, "Getting at Roles and Responsibilities." Think about other leaders in the school and community whose contribution of even a limited amount of time can make a difference, and share Chapter 2, "The Approach," with them.
3. Think about the person or persons who will steer the day-to-day activities. Who should read the entire booklet and meet regularly to provide the logistics for a recorded, scheduled set of actions, time lines, and meetings? Who will provide an easily accessible "presence" for those who must be involved, many requiring day-to-day telephone and personal contacts if their energy and commitment are to be sustained?
4. Scan the titles of the remaining six chapters. These titles provide hints as to who needs to be involved as Chapter 2 becomes a set of actions in the school or school district.
5. Duplicate the booklet, or order copies for staff. The first mailing was directed to school superintendents and school board members. Share the booklet and underscore sections that various busy readers should make a priority for reading.
6. Plan to take time for this; it's important. The problem can't be solved by any one group, and success depends on a substantial investment that can be sustained.

The State Education Department, the Division of Alcoholism and Alcohol Abuse, and the Division of Substance Abuse Services can provide advice, assistance, and resources to support a school district's planning and implementation efforts. Outlined below are some of the ways these agencies can help, either directly or indirectly through cooperation with regionally placed agencies.

The State Education Department has the responsibility for defining instructional programs. Through the development of the *Health Education Syllabus: Grades K-12*, which was distributed in 1986, SED has provided the framework for the required instructional program in health education.

In addition to providing syllabi and supplementary educational mate-

rials, SED also provides technical assistance and training for administrators and teachers through its Bureau of Health and Drug Education and Services and through programs such as:

- Transferring Success Program – This program provides support for the development of programs and the replication of nationally validated programs. Further information may be obtained from the State Education Department's Office of Federal Demonstration Programs, (518) 474-2380.
- Cooperative Service Program (CO-SER) – This program provides resources for joint curriculum and staff development projects among school districts and coordinated through Boards of Cooperative Educational Services (BOCES).
- In 1986 the State Education Department, the Division of Alcoholism and Alcohol Abuse, and the Division of Substance Abuse Services spearheaded the State Drug and Alcohol Initiative (SDAI). The purpose of this joint agency effort is to train teachers from each school district in New York State to implement drug and alcohol education within the context of a comprehensive health education program.

  Coordinated with the assistance of the BOCES, this training initiative, which uses the turnkey model, will result in approximately 28,000 teachers receiving awareness-level training in the implementation of drug and alcohol education.
- As part of the Federal Drug-Free Schools and Community Act of 1986, $7.6 million has been earmarked for New York State school-based programs that will help to eliminate the use of drugs and alcohol by our youth, and $3.2 million has been allocated to New York State to implement community-based drug and alcohol programs.

The State of New York Division of Substance Abuse Services (DSAS) supports special prevention programs through funding to locally designated agencies. Descriptions of some of the types of special prevention programs that are supported by DSAS can be found in Chapter 8 of this publication. Additional information about the funding of special prevention programs may be obtained from:

State of New York Division of Substance Abuse Services (DSAS)
Bureau of Prevention and Educational Services
Executive Park South
Albany, NY 12203
Telephone: (518) 457-2963

The State of New York Division of Alcoholism and Alcohol Abuse (DAAA) supports youth education and intervention programs which provide alcohol and drug abuse prevention and intervention services for school-age youth, either within the school setting or in a community-based youth agency serving school dropouts.* Additional information about these and other programs supported by DAAA may be obtained from:

State of New York Division of Alcoholism and Alcohol Abuse (DAAA)
Community Education and Intervention
194 Washington Avenue
Albany, NY 12210
Telephone: (518) 473-3460

* This information has been excerpted from DAAA's *Guidelines for Development of Alcoholism and Alcohol Abuse Programs 1987-88.*

Contents

Foreword v
Executive Summary ix
Introduction 1
1. The Problem 3
New York State Survey Documenting the Problem 3
The School as a Catalyst for Prevention and Education Efforts 5
2. The Approach 7
Why Broad-based Planning? 7
Getting at Roles and Responsibilities 10
Establishing Partnerships 13
The Planning Process 15
Form an Advisory Committee 16
Gather Pertinent Information for Planning Purposes 17
Review and Assess the Effectiveness of Current Educational Programs 18
Review Components of School- and Community-based Prevention and Assistance Programs 19
Revise School District Program Plans and Procedures to Implement School Board Policy 19
Identify and Establish Priorities for Dealing with Specific Existing Problems 21
Conduct Orientations 21
Identify Current and Projected Resource Needs 22
3. Curriculum Review and Development 23
4. Staff and Community Development and Training 26
5. The Relationship between the School and Law Enforcement Agencies 29
6. The Legal Dimension 31
7. Local, State, and National Sources of Information 35

Local Councils on Alcoholism 35
Local Designated Agencies 36
State Sources of Information 37
National Sources of Information 38
Free Catalogs on Alcohol/Drug Abuse 39
Toll-Free Information 39

8. Student Assistance and Special Prevention Programs 41

Bibliography 61

Appendix A – How the Law Can Help 63
Appendix B – Local Councils on Alcoholism 76
Appendix C – Local Designated Agencies 81

Introduction

A primary responsibility of any society is to nurture and protect its children. In the United States today, a serious threat to children's health and well-being is alcohol/drug abuse. Not only does use of alcohol and drugs affect the individual student, it also disrupts the entire school. Drug and alcohol use impairs memory, alertness, and achievement, and since it erodes the capacity of students to perform in school and to think and act responsibly, the consequences can last a lifetime. Alcohol/drug abuse knows no boundaries; it's found among students in the city and country, among the rich and poor and middle class.

Education is our greatest weapon, our most available tool. The responsibility for education is shared by the family, the schools, and the other organizations in each community. No one individual or organization is capable of or responsible for solving the problem alone. Everyone needs to pull together to plan and carry out prevention and education programs.

Schools are an integral part of the education-as-a-solution approach to combating student alcohol/drug abuse. Furthermore, along with families and religious institutions, schools are major influences in transmitting ideals and values.

Alcohol/Drug-Free Schools in New York State: Planning and Policy Guidelines is designed to help school board members and administrators plan and implement a prevention and education effort in their schools. It includes suggestions for determining the extent of the alcohol/drug abuse problem and ways to involve members of the community who can provide needed assistance to the school in achieving its goal.

CHAPTER ONE

The Problem

Teenage drug use in the United States is the highest of any industrialized nation, and data show that initial use is occurring at an increasingly early age. Furthermore, school administrators and teachers are frequently unaware or unwilling to admit that their students are using and/or selling drugs.

The alcohol/drug abuse problem is affecting all levels of society. No region – no community – is immune. The pervasive consequences of abuse are many and affect not only the abusers themselves, but also family members, friends, coworkers, and fellow students. Psychologically, physiologically, socially, emotionally, and economically, the abuser and society at large are victimized.

For example, the abuser experiences physiological and psychological changes. The psychological and social effects on family and friends rapidly become evident and usually worsen as the abuse continues. Also, while under the influence, there may be increased risk of injury and death to the abuser, to family and friends, or to total strangers – innocent bystanders who just happen to be in the wrong place at the wrong time. Alcohol/drug abuse has insidious social and economic effects on society as well, due to increases in crime, treatment costs, and incarceration costs.

These chronic, far-reaching effects have forced educational agencies, community groups, and all levels of government to reexamine this problem and the efforts currently being taken in alcohol/drug abuse prevention and education.

NEW YORK STATE SURVEY DOCUMENTING THE PROBLEM

In 1983, the State of New York's Division of Substance Abuse Services (DSAS) and Division of Alcoholism and Alcohol Abuse (DAAA) surveyed 27,414 secondary school students in New York State to determine the extent, frequency, and perceptions of drug and alcohol use by these students. Here are some of the findings:

What Kids Are Involved?

- About a third of the seventh graders reported already having used

at least one drug. Preteen drug use usually involves alcohol, inhalants, marijuana, and/or using cough medicine for "kicks."

- Thirty-six percent of high school seniors reported having used marijuana and 11% reported having used cocaine in the month prior to the survey—rates consistently higher than the national average.
- About 60% of the kids sampled had had some involvement with drug use, and one of every two students reported some use of drugs in the six months prior to the survey.
- Seventy-one percent of seventh to twelfth graders currently drink alcoholic beverages, and most reported they had had their first drink by the age of thirteen.
- Fifty-three percent of secondary students have been drunk or very high from alcohol during the past year. The rate of heavy drinking increases as age increases: 18% get drunk at least once a month, and 10% get drunk at least once a week.

What Drugs Are Involved?

- Alcohol, the most popular drug, was used by 71% of the students surveyed.
- Marijuana, the second most popular drug, was used by 35% of the students surveyed.
- Stimulants were used by 17% of the sample.
- Cocaine has shown a substantial growth in popularity and was used by 10% of the students in the survey.

When Does Use Begin?

- The initiation of alcohol use and the initiation of other drug substance use appear to be linked. The age by which alcohol use is likely to begin peaks at thirteen; for other drug substance use, the likelihood of initiation peaks around fourteen or fifteen. Those students who've resisted use seem to be at the greatest risk of giving in when they're fifteen or sixteen.

What Are Some of the Consequences?

Certain distinct patterns of behavior can be associated with a student's use of alcohol and drugs, such as:

- decline in work quality
- failing grades
- inattentive or listless behavior in school and at home
- disruptive behavior in school and at home

- cutting classes
- disrespectful attitude toward teachers and parents
- vandalism and stealing to buy alcohol or drugs
- disregard of consequences

When such behavior is exhibited, there's a disruption of the class as a whole and a diminution in the quality of time spent with the other students.

There are long-term and multigenerational consequences as well:

- Sixty-five percent of all reported child abuse cases are alcohol related.
- An estimated 28 million Americans have at least one alcoholic parent and have a 50% greater chance themselves of becoming alcoholics than persons whose parents are not alcoholics.
- Fifty percent of all fatal automobile accidents can be attributed to alcohol use and abuse.
- Intravenous users of drugs such as heroin and cocaine account for the second largest group of AIDS (Acquired Immune Deficiency Syndrome) victims.

The survey also revealed that there is a strong relationship between students' use of alcohol and their use of other drug substances. For instance, the heavier the drinking, the more frequent the marijuana use; the more frequent the marijuana use, the heavier the drinking.

THE SCHOOL AS A CATALYST FOR PREVENTION AND EDUCATION EFFORTS

Our society often looks toward its schools as the best place to serve our children. Because it holds this traditional and rooted position in the community of having a mission to educate and inform, a school is uniquely able to bring together the key people within a community to help the school plan and carry out an educational program to help prevent students from abusing alcohol and drugs.

A comprehensive approach—with everyone working for the good of the whole—ensures that the problem can be addressed far more effectively. The school is the only institution in a community that has consistent contact with, and influence on, parents, students, teachers, law enforcement officers, and community assistance and counseling agencies—i.e., everyone needed to combat alcohol/drug abuse. Therefore, the school is the ideal catalyst for addressing the problem.

The recommendations offered here outline an approach that schools can take to harness the resources in the home and in the community:

How the school can take a leadership role in a broad-based planning effort that includes revision and/or design of curriculum; training of school staff, families, and the community; and development and enhancement of relationships with community agencies. The approach suggests ways to mobilize key groups to plan, implement, and evaluate a program that addresses alcohol/drug abuse prevention and education.

A Model for Prevention of Alcohol/Drug Abuse*

* Source: Bureau of Health and Drug Education and Services, New York State Education Department

CHAPTER TWO

The Approach

Planning, implementing, and evaluating a program to make the school alcohol/drug free requires a great deal of time, cooperation, and participation of many people from the school, the home, and the community. The school can't be expected to organize the whole community and its activities, but it can engage the community to help the school work toward this goal. Since critical decisions affecting students, parents, community agencies, and school administrators and teachers will be made, those affected should be part of program planning from the beginning, to the extent that this is feasible in a school or school district.

WHY BROAD-BASED PLANNING?

Research findings reveal the importance that all a student's environments have in the development of a pattern of alcohol/drug abuse, and programs to address the problem fall short if they don't recognize that learning takes place in many ways and in many places. Therefore, while the classroom curriculum forms the core of the educational program, it can't work alone. What occurs outside the classroom—in other areas of the school, on the streets, at home, and throughout the entire community—can work for or against prevention and education programs.

While professional consensus has not yet been reached on the use of any one particular prevention program, considerable evidence justifies employing certain program components.

The most promising prevention approaches seem to have their roots in social learning and problem behavior theory: increasing skills to resist social pressure; teaching specific techniques for resisting such pressure; increasing general coping skills; promoting personal and social skill development training; dealing with the motivations to use alcohol/drugs. It's more than gaining knowledge—it's developing a state of mind.

A comprehensive alcohol/drug abuse prevention program comprises three levels of prevention: primary, secondary, and tertiary. What those three terms refer to essentially is that we have to educate and try to pre-

vent kids from ever using, identify and counsel those kids who *have* used, and prevent further abuse among those kids who *do* use.

Primary prevention focuses on the nonusers—educating and counseling those kids who haven't yet tried alcohol and other drugs and telling them that to do so would be counterproductive and self-destructive. The goal of preventing or delaying drug use is achieved by school staff (teachers, counselors, and other prevention specialists) through curricula and other programs such as self-referred support groups for children and by parent/community/school cooperative measures.

Secondary prevention seeks to provide early intervention for those students who have already tried drugs—aiming to counter multiple drug use, prevent experimental users from becoming regular users, and keep regular users from becoming heavy users. This is done through school curricula and counseling, diagnosis and screening processes, and parent/community/school cooperative programs.

The tertiary level of prevention is designed to help heavy users and prevent them from experiencing further deterioration through long-term treatment and rehabilitation programs. Although such intervention is outside a school's prevention framework, the school has the mechanism to provide referrals to tertiary-level care.

Central to planning, implementing, and evaluating a multilevel prevention program as described above are the working relationships among the school administration, the home/school/community advisory committee, and the board of education. However, a key enabling role is played by the board of education through its approval of a policy statement on alcohol/drug abuse prevention. This policy statement should indicate support for developing and implementing each of the following components:

- an integrated, well-designed health education program, K-12
- teacher training and community education and training
- a school policy that distinguishes seller from user, that includes disciplinary measures as well as student/family counseling assistance, that describes the role of local law enforcement, and that takes a position on student self-disclosure and confidentiality
- school-based intervention services available to all students and provided by prevention professionals. These services should include assessment/evaluation, counseling, crisis intervention, and referral
- involvement of all school staff, students, parents, and the community in the development and implementation of the program

By its approval of such a policy statement, the school board gives official sanction to the school administration and to the home/school/community advisory committee to begin comprehensive program planning and development in each of the five areas. Through development and implementation of specific program plans and procedures based on a policy statement reflecting these components, a full continuum of prevention, education, and intervention services will be provided. See "Revise School District Program Plans and Procedures to Implement School Board Policy," in Chapter 2.

At this time, the school board should also consider these related questions:

- Has the board of education had a recent agenda item related to alcohol/drug abuse?
- Has the board of education developed a workable policy so school administrators can get the cooperation and involvement they'll need from community agencies?
- How many individual contacts have board members had with others in the community where alcohol/drug abuse has been a topic? Is the community aware of the problem?
- What educational programs put forth by school district administrators related to alcohol/drug abuse and the attendant staff training have been considered?
- What community groups that work with students in the school has the board of education supported?

School administrators should review the initiatives they have taken to direct and support the development of a comprehensive program, keeping in mind another set of questions:

- What are the nature and extent of the abuse problem in our schools? How different are our schools than those in the national and state surveys? Do we already know, or must we survey?
- Are we effectively meeting State laws, regulations, and recommendations outlined in the State *Health Education Syllabus: Grades K-12*? What evidence do we have to support or refute this? Does our program reflect a cooperative and coordinated approach with the school, home, and community?
- What have we done in our school beyond the recommendations of the State? What of this is working; what is weak? Do we have clearly written policies and procedures regarding alcohol/drug use by both students and school staff, and are these policies communicated to students, staff, parents, and the community?

Have we assured that the policy addresses the instructional needs of all students? Have we conducted awareness programs for students, staff, parents, and the community? Is training of classroom teachers significant and offered on a continuing basis so that programs are up-to-date and implemented effectively?

- Who from outside the school district faculty is currently involved in the educational program? Whom haven't we yet considered? Is there a continuum of services – from education to early intervention to referral for treatment and/or rehabilitation – available for students and staff through community agencies?
- Can we increase our capacity to carry out what needs to be done?
- How can we enlist those parents and others in the community who aren't yet involved but who can help?

Getting at Roles and Responsibilities

The primary role of the school is education. It can offer health education and prevention programs that address the alcohol/drug abuse problem in the school and can galvanize the community into action and support. Those operating the school should be knowledgeable about community agencies that provide counseling and treatment services, and community groups should be aware of the school's prevention and education program goals.

A first step in identifying roles and responsibilities is understanding the commitments that the students, school staff, and community should be encouraged to make.

While it's desirable for the community, students, and school personnel to make these commitments, it's not realistic to expect that everyone will be equally supportive initially. However, this doesn't preclude establishing an effective program. Some of the ways each group can be supportive are:

- The community, through the board of education and through individual and group efforts, should be encouraged to provide resources and an environment supporting prevention, education, detection, counseling, treatment, and rehabilitation.
- Parents should be encouraged to make a commitment to build on the prevention and education efforts of the school through their relationship with their kids.
- Administrators should make a commitment to encourage teachers and health personnel to develop and implement constructive

alcohol/drug abuse programs and to work with parents who may not support these endeavors.

- Teachers and health personnel should be encouraged to improve the school's health education program continually so that it assists students in developing self-esteem; self-awareness; communication and decision-making skills; positive interpersonal relations; and responsibility for health.
- Students should be encouraged to make a commitment to a healthy lifestyle.

The success of an alcohol/drug abuse program depends on school personnel, the family, and the community all cooperating and participating. It's the development of a sense of teamwork that will work best against this problem; expanding and strengthening existing relationships and establishing new ones are necessary elements in this approach. The success of a program relies on a shared responsibility among the members of the team, each component having certain areas of expertise that they can bring to the group. The Health Education Program components outlined below illustrate the valuable contributions of each group to the program.

HEALTH EDUCATION PROGRAM COMPONENTS*

SCHOOL COMPONENTS

Healthful School Environment

- Building safety, accessibility, and cleanliness
- Pleasant and stimulating surroundings, including natural areas within the school environment
- School morale and interpersonal relationships
- Provisions for correcting or minimizing sources of stress

Administration and Coordination

- Health education budget
- Health Coordinator
- Needs assessment
- Statement of philosophy, goals and objectives
- Written policies and procedures
- Administrative support

* Reprinted from the *Health Education Syllabus: Grades K-12*. Albany, NY: New York State Education Department, 1986.

Instructional Program

- Sequential curriculum (K-12)
- Interdisciplinary integration, coordination, and support
- Staff inservice
- Elective courses (weight control, death and grief education)
- Supplemental programs (family life, child nutrition)
- Exemption from certain portions
- Modification of materials and techniques to meet the needs of students with handicapping conditions

Student Involvement Programs

- Peer-group leadership
- Student volunteer programs
- Student support and discussion groups

Supportive School Health Services

- Appraisals and screening of individual health status
- Individual health guidance and health counseling
- Consultation and referral
- Coordination with classroom instruction
- Resource material

COMMUNITY COMPONENTS

Community Programs

- Involvement of community religious, political, and business groups
- Fund raisers
- Involvement of voluntary and official health agencies
- Involvement of professional societies and organizations
- Involvement of social-welfare agencies

Educational Support

- Dissemination of information to the public, including parents, schools, and students
- Resource people for schools
- Instructional aids for schools
- Inservice programs for staff

Coordination Among Agencies

- Effective relationships with the schools
- Coordinated referral, counseling and treatment programs
- Educational efforts

HOME COMPONENTS

Supportive Home Environments

- Supportive and nurturing families
- Positive role models
- Self-esteem, identity, and values

School-Community Sponsored Programs for Families

- Parenting awareness programs
- Neighborhood seminars
- Effective parenting programs
- Parent support groups
- Communication skills training programs
- Parent-child discussion groups

Educational Support

- Activities that bridge home and school
- Reinforcement of school learning
- Parent-child-teacher contracts

Parent Involvement in School Programs

- Participation on home/school/community advisory council
- Parent volunteer programs
- Parent-teacher organizations

Establishing Partnerships

The key to establishing partnerships, and to networking in general, is an environment that encourages communication and sharing between all school personnel and all segments of the community. Through its members, the local board of education has the resources to reach a wide range of community groups, individuals, and businesses to build on existing networks and to establish new ones. Their ability to promote the school district's efforts can help the school district later on as it seeks support and assistance for the program from community groups. Another resource within school districts with experience in expanding relationships with community groups is the school district health coordinator or the coordinator of alcohol/drug abuse prevention. (In school districts where both a health coordinator and an alcohol/drug abuse prevention coordinator [or program director] are present, these individuals

will need to have their roles clearly defined so they can support each other and strengthen the overall program.)

A K-12 district health education coordinator can greatly facilitate the process of establishing and building on the partnerships necessary for an effective health education program. This individual insures that the program makes use of health-related agencies*; provides for interdisciplinary coordination*; is coordinated grade to grade; and represents a unified response to school and community health concerns.

Specific responsibilities for the district health education coordinator may include the following:

- researching school and community health education issues and concerns
- identifying school and community health education resources
- initiating and conducting staff and community health education awareness programs
- organizing and chairing or serving on advisory, curriculum, evaluation, resource, or other health-related committees
- interpreting laws and regulations related to school health education
- consulting with, and coordinating activities of, all school staff with health education-related responsibilities
- arranging for a health education resource center for staff, and library resources for students
- providing for parent education and parent involvement programs in health education
- researching and promoting development or adoption of model health education programs by the district
- participating in the interview and selection process for health education staff
- organizing attendance for appropriate school personnel at state and regional conferences related to health education
- researching and applying for grants for health education programming
- preparing the district health education budget
- developing public relations programs
- organizing special activities for health education

* (These responsibilities are required by the Regulations of the Commissioner of Education, Section 135.3(c), effective March 20, 1978.)

- organizing special health education promotion activities for students and staff
- assuring coordination between the health program and special education programs

The district health education coordinator may be a certified health education teacher or a school nurse-teacher. Experience in administration and in working with health-related community agencies and parent groups is also valuable preparation for the coordinator. In some districts, population size and program complexity indicate the need for a full-time coordinator; in other districts, only a part-time coordinator may be required. Whatever the dimensions of the program, the coordinator brings needed expertise to the program planning effort and will need designated time to complete necessary tasks.

THE PLANNING PROCESS

The preliminary planning activities outlined in this section give the information needed to create an overall plan to develop and/or improve education and prevention programs addressing the alcohol/drug abuse problem.

The plan should document the problems and activities to date and outline the realistic long- and short-term goals and results of such programs. The plan should prioritize all essential subsequent actions; it should also include specific time lines and personnel assignments for completing each element of the plan and identify the resources—both inside and outside the school—that will be needed.

The plan must address the needs of all students. It is particularly important that students receive the information in a manner that will be understandable and meaningful to their individual needs. It is important that instructional programs be implemented in a way that will allow students with handicapping conditions to gain access to information wherever they receive instruction. It will be helpful to address the needs at the beginning of the planning process to ensure that their needs are an integral part of the program and not a separate consideration.

The action plan should then be reviewed and approved by administrators and submitted to the school board for its consideration. The action plan should be adopted by the school board in its role as the policy-making body for the district. Approval of the plan by the administration and the school board is a necessary step in implementation and helps ensure that the program has the support of the school and community.

The planning process aimed at developing a comprehensive action plan should reflect:

- the nature and extent of the alcohol/drug abuse problem in the district
- the availability of community and school resources to support the program
- the quality of the existing program as part of the school's comprehensive health education program
- training requirements for in-service education and awareness programs
- financial resources and time requirements of staff
- goals, implementation processes, and evaluation methods
- needs for parent awareness, education, and involvement
- a realistic work plan that identifies and lists by priority the tasks to be accomplished

Steps in the planning process follow:

Form an Advisory Committee

Once the school board has approved a policy statement that supports a prevention program comprising the three levels of prevention (primary, secondary, and tertiary), the school district will need to form an advisory committee from which a working committee can be established. The advisory committee will need to identify a chairperson for the committee, such as the district director or coordinator of health education or substance abuse prevention. This committee may be a separate group or may be the district health education advisory committee. Representation should include, but not necessarily be limited to:

- principal
- health coordinator
- nurse/nurse-teacher
- health education teacher
- school board member
- guidance counselor
- school psychologist
- elementary teacher
- physician from the community
- law enforcement personnel
- health aide (where available)
- students
- school-based substance abuse prevention program staff

- special education personnel
- people representing the alcohol/drug abuse service providers as well as other health service agencies in the community
- school social worker (where available) or community social worker
- parents
- clergy

Other appropriate people to include on the advisory committee are a school bus driver, coach or physical education teacher, custodian, attendance officer, probation officer, and psychologist or psychiatric social worker from the community.

To be most efficient, the advisory committee should establish a steering committee from its membership and subcommittees for needs assessment, curriculum development, staff and community development, policy review and enforcement, resource analysis, and program implementation. Subcommittees should be chaired by, but not limited to, advisory committee members. Experience shows that subcommittees that have a broad home/school/ community representation are most successful. The expertise of the individuals must be considered in the formation of these subcommittees.

Another important function of the advisory committee is to outline clear channels of formal communication among the advisory and subcommittee members, school administrators, school board members, and the community at large.

Gather Pertinent Information for Planning Purposes

Assessment should be a first step of the planning committee. There are a number of ways to conduct this assessment, and a combination of procedures will most likely yield the most comprehensive results. For example:

a. Surveys

Surveys can reveal valuable information about how the alcohol/drug abuse problem is perceived by a community and can help identify school staff and members of the community who could be called upon to assist in further planning efforts.

Surveys can be conducted among:

- students
- faculty
- other school staff
- parents
- the community at large

Surveys may be used to gather information on:

- staff needs and interests
- parent and community needs and values
- perceptions of school personnel of problems in the school and community that may contribute to the abuse problem

Surveys should be accompanied by a cover letter that explains the planning effort of the school and how the information will be used.

b. Statistical Data

Statistical data that should be collected includes:

- community health and health problems related to alcohol/drug abuse
- social problems/concerns—child abuse, unemployment
- student health problems
- DWI arrests, convictions, etc.
- school referrals for alcohol/drug abuse, child abuse, etc.
- school problems such as absenteeism, suspensions, dropout rate, vandalism, etc.

This data may be gathered from local:

- community prevention and treatment organizations
- law enforcement agencies
- medical institutions
- community health-related agencies
- school health and pupil personnel records

An analysis of certain kinds of data can help school districts identify and plan services for high-risk youth such as absentees, truants, children of abusers, etc.

Review and Assess the Effectiveness of Current Educational Programs

Review the methods the school currently employs to help students establish a foundation for healthy lifestyles. Questions the planning committee should ask are:

- Does our current health education program reflect the suggestions outlined in the State *Health Education Syllabus*?
- Is the program based on an assessment of local needs as these relate to the contents of the syllabus?

- Is there an adequate mechanism for periodic review and updating of content and methodology?
- Does the program demonstrate a coordinated home/school/community approach?
- Are faculty sufficiently trained to address, through instruction and practice, all of the conceptual areas within the syllabus?

Review Components of School- and Community-based Prevention and Assistance Programs

These programs provide services to prevent individuals from abusing alcohol/drugs. Activities are conducted that are designed to alert, educate, and inform the general public and/or special groups about the problems of abuse.

Planning committee members should visit the available programs in the community to become familiar with the services offered. The number and types of programs within communities vary—some treatment programs have information and educational services, for example. The important point is to know what each program in one's own community offers. The components of assistance programs are outlined in Chapter 8. School districts should consider establishing assistance programs for high-risk students. Special prevention programs designed to address specific student populations are also described in that chapter.

The planning committee should also review the components of Employee Assistance Programs (EAPs) that industry and schools have used successfully to identify and aid employees whose work performance has been negatively affected by alcohol/drug abuse or by personal and family problems.

Revise School District Program Plans and Procedures to Implement School Board Policy

Once the school board has adopted a policy statement, the advisory committee can develop the specific program plans and procedures that will put that policy statement into action and implement a comprehensive program. It is not enough to have plans and procedures for dealing with a student's possession of alcohol or other drug substances; nor is it enough to revise the health education program. Procedures are needed that will impact the problem at several levels including dealing with possession and revising instructional programs. Questions the planning committee should ask regarding program plans and procedures include:

- Do they reflect an understanding of the nature of alcohol/drug abuse problems by students and staff?

- Do they address the sensitive issues, including confidentiality, involved in identifying children with an alcohol/drug abuse problem?
- Do they address the instructional needs of students with handicapping conditions?
- Do they support a variety of methods for assisting students who have alcohol/drug-related problems?
- Do they include written procedures for dealing with a suspected problem?
- Are students and staff aware of school policies regarding abuse?
- Are policies being enforced by both staff and students?

The planning committee may want to contact neighboring school districts or the Board of Cooperative Educational Services (BOCES) in its area for sample policies, program plans, and procedures that others have developed. A school district statement of program plans and procedures that will set the stage for comprehensive program implementation should include:

a. An integrated, well-designed K-12 health education program that teaches students about alcohol, tobacco, and other drug substances, that helps each student develop the skills needed to resist pressures, and that helps students develop and enhance a positive self-image.
b. An *ongoing* staff education and training program that expands on general awareness sessions to help teachers develop the skills needed to impact at primary, secondary, and tertiary levels of prevention (as for rehabilitated students returning to school).
c. Continuous provision for parent and community education that brings these groups up-to-date on the efforts being made to combat the problem and how these groups can help.
d. Procedures for dealing with:
    - student possession, use, and/or sale of alcohol and/or other drug substances
    - referral of students who use/abuse alcohol/drugs
    - confidentiality of incidences and/or referrals
    - needed medical assistance
    - seizing of alcohol/drugs and possible medical risk to a student
    - involvement of law enforcement authorities
    - suspension when necessary, return to school, and alternatives to suspension

- student use of drugs for medical purposes
- involvement of parent/guardian of a suspected or identified student abuser
- suspected parent/guardian or home situation that may be contributing to a student's problem

e. A student counseling program administered by trained counselors.
f. Procedures for dealing with employee alcohol/drug use, including:

- referral
- confidentiality
- needed medical assistance
- involvement of law enforcement authorities

Identify and Establish Priorities for Dealing with Specific Existing Problems

As the planning committee begins to address the alcohol/drug abuse problem by formulating and refining education and prevention efforts, it's likely that certain problems and/or gaps will emerge. The planning committee should establish priorities for addressing these problems or gaps. Some that may be revealed are:

- no communication about policies and procedures
- no articulated instructional program
- failure to harness appropriate human resources to ensure a comprehensive program
- no student/employee prevention and assistance programs
- failure to address a specific abuse problem appropriately

Conduct Orientations

The success of any program requires the support and understanding of school board members, school staff, parents, students, and members of the community, so it's essential that they're kept apprised. Orientations inform these groups that a comprehensive effort is being made to address the problem of alcohol/drug abuse, and they should be conducted by key people from these groups so that specific information about the problem is relayed. The orientations should be geared toward providing key groups with a forum for discussing the implications of the program for them.

Identify Current and Projected Resource Needs

Identify the health and family-oriented agencies and community groups and obtain information about their programs and services. Let them know that the school is working toward developing or improving its comprehensive health education program.

The types of agencies and groups within a community that may provide support to individuals and families and offer family counseling and specific assistance related to alcohol/drug abuse include:

- community treatment and prevention programs and school-based service providers
- community action groups
- interfaith councils
- hospital outreach programs
- youth service groups such as boys' and girls' clubs
- parent groups
- alcoholism councils and drug abuse treatment programs
- fraternal organizations
- county agencies
- church groups

Build on this basic information by gathering further data that details:

- eligibility requirements for services
- procedures for resource access
- cost of services
- address, telephone, and business hours
- building accessibility
- contact person(s)

Service directories published by the State of New York Division of Alcoholism and Alcohol Abuse (DAAA) and the Division of Substance Abuse Services (DSAS) and by the city or county in which the school is located contain much of the community resource information needed.

CHAPTER THREE

Curriculum Review and Development

Schools have primary responsibility for alcohol/drug abuse education and prevention efforts as outlined in Education Law Section 804. With regard to the instructional program, this responsibility includes:

- providing all students, K-12, with a program designed to develop the attitudes and skills required to make healthy decisions
- involving students in activities that contribute to their sense of self-worth
- insuring that the instructional program is conducted by adequately prepared teachers who are good role models for their students
- insuring that other related courses in the secondary school curriculum be taught in a manner supportive of health education in regard to alcohol, tobacco, and other drugs

A necessary component of an alcohol/drug abuse prevention program is the comprehensive, continual treatment of the issue integrated into a well-designed curriculum plan. To accomplish this, the curriculum committee most likely will need to improve, update, or expand the health education curriculum.

Reviewing the current health education program in the school will help determine its gaps and eliminate the necessity of redeveloping what already exists. Specific questions to be asked at this time include:

- Does the school have clearly defined objectives that describe the specific knowledge, skills, and attitudes that the students will have acquired at the end of the program?
- Are the student needs that are to be met clearly stated? Are the instructional needs of students with handicapping conditions being met?
- Is the relationship between the total program and any new material related to alcohol/drug abuse adequately described?
- Have efforts been made to help students develop self-esteem, self-awareness, communication and decision-making skills,

positive interpersonal relations, and responsibility for health not only through health education but in all areas of the curriculum?

- Are the learning experiences that are outlined in the curriculum:

  a. learner-centered
  b. activity-oriented
  c. appropriate and relevant for students' levels of development
  d. amenable to individualization

- Are strategies, necessary materials, references, procedures, and evaluation methods clearly delineated?

The *Health Education Syllabus: Grades K-12* provides the necessary framework for improving and updating the health education curriculum to address the questions posed above and to address the specific problem of alcohol/drug abuse.

The curriculum should contain the following components:

- a statement of health education philosophy
- a statement of objectives
- suggested content, methods, and activities
- a description of the behaviors anticipated
- a list of the materials to be used in the instructional program

(These components are described in detail on page 16 of the syllabus.)

The eleven conceptual areas in the syllabus, for grades kindergarten through twelve, give general definition of a comprehensive health education program. The concepts are broad; each is a lifetime challenge. The school's role is to start the process of understanding, relating, and reaching decisions about health.

The syllabus lists objectives for each concept that should assist the curriculum committee in setting forth these and other goals for the student. Each grade has a specific area of learning that builds cumulatively to those goals.

A well-articulated K-12 health education program can provide the framework for tackling alcohol/drug abuse issues and problems. The curriculum committee can begin its work by assessing the extent to which the program goals outlined in the *Health Education Syllabus* are currently being met by their school. (Data gathered by the planning committee can be very helpful to this end.) This needs assessment allows the committee to delineate objectives and content to be included and emphasized.

Several resource materials exist to assist the curriculum committee, and it should obtain these materials if they're not already available in the school, as they provide important information and suggestions for addressing the alcohol/drug abuse problem in the instructional program. These materials are:

- *Health Education Syllabus: Grades K-12*
- *Drug Education Curriculum: K, 1, 2, 3, 4, 5, 6, Junior and Senior High School* (9 publications)
- *Alcohol: A Gateway Drug* (to be published)

These materials are available from the New York State Education Department. To order copies, contact the Publications Sales Desk, New York State Education Department, Room 164 EBA, Washington Avenue, Albany, New York, 12234, (518) 474-3806. School districts may wish to consider teaming with other school districts and the Board of Cooperative Educational Services (BOCES) in a cooperative curriculum revision project to gain maximum benefit from limited resources.

The implementation of a new or revised health education curriculum will require the training of those staff members who will be instructing students and those who will have supervisory roles in the implementation of the program. Parents and the community will also need a certain amount of awareness and training as the new program is implemented. The next section will describe various kinds of training efforts that can make implementation of the health education curriculum and the total prevention program successful.

CHAPTER FOUR

Staff and Community Development and Training

A school's greatest assurance that its alcohol/drug abuse program will be effective is comprehensive and ongoing training for its staff. Accurate information, a common framework for understanding the problem, specific goals, implementation strategies, and motivated people who think they can make a difference are all essential elements of a successful team.

When properly planned, training can help develop these qualities in staff members. Training issues need to be considered at every step of the process and for all those involved in the program. The types of training that administrators, teachers, school board members, parents, students, and members of the community require will vary depending on the knowledge and expertise that these people will need to carry out elements of the program.

This training should focus first on developing general awareness and understanding of the problem. There needs to be a consideration that part of the problem is due in large measure to the social acceptability of alcohol, tobacco, and, to a great extent, certain drugs such as tranquilizers and stimulants. Part of that consideration should be how best to counteract subliminal and blatant messages on television, in the movies, and in advertising that may encourage the use of these substances. School staff need to recognize the degree to which they are role models to youth and set good examples. The sophistication among our youth doesn't allow for a "Don't do what I do, do what I say!" attitude.

Each of the groups participating in the school's program will need orientation sessions followed by training that's been designed and tailored for that particular group. Who provides training, how, when, toward what end, and who participates are questions to be considered. Training sessions also provide an opportunity to address some of the questions that school staff, students, members of the community, and parents will likely have, such as:

- What are the nature and extent of the alcohol/drug abuse problem in our community?
- What can we do to prevent the problem from worsening?

- What types of changes will we need to make to the instructional program?
- Do we have the resources to develop a prevention and education program in our school?
- How and when will staff be trained, and who will train them?

In addition to general training and orientations, there should be opportunities planned for all of the groups involved to help them develop specific skills. For example, training can help:

parents to:

- improve their skills in communicating with children
- participate more effectively in school programs
- provide the needed educational support to their children
- improve their skills in detecting a child's need for counseling/referral

school administrators to organize, manage, and support staff members in the improvement of:

- extracurricular programs
- the instructional program
- the school environment
- the administration and coordination of the program

members of the community increase support through:

- coordinating activities related to the dissemination of information
- organizing volunteer and fund-raising programs
- coordinated referral, counseling, and treatment programs

school board members to:

- obtain public support for the program
- enlist the support of other elected officials and governmental units
- evaluate the success of the program

classroom teachers to:

- improve instruction in all subjects to help students develop self-esteem and a positive attitude toward themselves
- ensure that instructional approaches are meeting the needs of students with handicapping conditions so that they receive the same information required for all students
- improve instruction in health education in general and in alcohol/drug abuse in particular
- improve their skills in detecting students' need for counseling/referral

Resources that can be called upon to assist the school in planning, conducting, and providing technical assistance for these training sessions include:

- Boards of Cooperative Educational Services (BOCES)
- local drug and alcohol agencies
- existing school health or alcohol/drug abuse prevention program staff
- local law enforcement agencies
- community service organizations
- local businesses
- other service agencies operating in the community (see "Form an Advisory Committee," in Chapter 2, for a list of additional community groups)

The nature and extent of the alcohol/drug abuse problem in the community and the training to be provided must be seen as a community response and not as an indictment of some part of the community because "they" have a problem and "we" will help them.

It's important to remember that training is a means to an end, and goals and expectations should be clearly thought through before initiating training activities.

CHAPTER FIVE

The Relationship between the School and Law Enforcement Agencies

Local law enforcement agencies are important partners in the schools' efforts to achieve an alcohol/drug-free environment. Their primary role, enforcement, is a necessary element in helping the school maintain its primary role, education. Helping to establish and maintain alcohol/drug-free corridors and property around our schools is the most vital service our police can provide, a function for which the school does not have the necessary resources.

Law enforcement personnel can also provide informational and educational programs for both students and parents that, built on community respect for law enforcement officers, can be a valuable part of the prevention program. Law enforcement officers would need to impart accurate and credible information—offered in a positive vein without resorting to unnecessary scare tactics—to parents about drug paraphernalia and drug and alcohol activity in their community. They can be part of a team educating and informing students about drugs and encouraging student involvement in constructive school and community activities, emphasizing that safe schools are essential if education is going to take place.

Prior to any input to staff and students by outside personnel, school personnel should review the information to make sure it adheres to the guidelines and spirit of the school's program.

Some of the ways in which local law enforcement officers can become involved include:

- providing advice and personnel to help improve security on school premises
- working with school authorities and others to develop needed educational programs, policies, guidelines, and procedures that each will follow in school alcohol/drug abuse cases
- establishing identification/referral systems to divert first-time and other appropriate offenders to treatment programs, as needed
- establishing/maintaining liaison with other law enforcement agencies regarding prevention activities

- convening/sponsoring community awareness sessions on alcohol/drug abuse prevention in conjunction with local community organizations
- providing speakers for local events/meetings stressing the role of law enforcement officers in community and school prevention programs
- disseminating public awareness materials
- working with community members and parents to develop/conduct community-wide prevention projects

Law enforcement officers at all governmental levels around the country are becoming more involved in the fight against alcohol/drug abuse. A good working relationship with the police or sheriff's department is an essential element of the school's abuse program.

One resource for training law enforcement people is a program called Project LEARN (Law Enforcement Awareness and Resource Network), which was established through a cooperative effort between the State of New York Division of Substance Abuse Services (DSAS) and law enforcement agencies. Project LEARN represents an effort to combine treatment/prevention services with the criminal justice system. Law enforcement officials participating in the program receive training in the prevention of alcohol/drug abuse and then become involved at the community level in a wide range of activities focusing on drugs. For further information about the program, contact:

State of New York Division of Substance Abuse Services
Executive Park South
Albany, New York 12203
Telephone: (518) 457-2963

CHAPTER SIX

The Legal Dimension

While the principal thrust of this booklet is the educational aspects of the battle against alcohol/drug abuse, it is imperative that school officials be thoroughly familiar with the general legal requirements they must comply with and the legal tools that can assist them in their efforts.

The purpose of this section is to remind the reader of the relevant provisions and requirements of New York State law. Also included in the pamphlet, in Appendix A, are extracts from a United States Department of Education publication entitled *What Works: Schools Without Drugs*, which discusses important areas of Federal constitutional and statutory law.

NEW YORK LAW

Education Law Section 804 requires that all public and nonpublic schools include, as part of their health education program, instruction designed to discourage abuse of alcohol, tobacco, and other drug substances. Such instruction must be provided for all students, elementary school through senior high school (Regulations of the Commissioner of Education 100.3(a)(1) (vi), 100.4(b)(2)(viii), 100.5(a)(2)(vi), and 135.3).

An effective educational setting needs rules and regulations that promote an orderly program and permit operation of the school that's conducive to learning. In New York State, all boards of education are required to adopt and implement a written policy concerning school conduct and discipline (Regulations of the Commissioner of Education 100.2(1)). In addition, Education Law 2801 requires that each board of education adopt rules and regulations for the maintenance of public order on school property, governing the conduct of students, teachers, staff, visitors, licensees, and invitees.

Professional staff who suspect that a student is an alcohol/drug abuser and report that information to school officials or to the student's parents have immunity from civil liability that might otherwise be incurred as a result of the making of the report (Education Law 3028-a).

Suspension or expulsion of a student from school for a violation of school drug rules will sometimes be appropriate. However, a board of education may exclude a student from instruction only in accordance with the procedures set forth in Education Law 3214, which are calculated to assure due process of law. A student between 5 and 21 years of age who has not received a high school diploma is entitled to a free public education (Education Law 3202). A board of education is not required to provide instruction to a suspended or expelled student who is over the compulsory attendance age of 16 (*Matter of Reid* v. *Nyquist*, 65 Misc.2d 718; *Matter of Chipman*, 10 Ed. Dept. Rep. 224). However, when a board of education seeks to bar a student who is younger, the board is required to provide immediately alternative instruction for such child (Education Law 3214(3)(e)).

A principal may suspend a student for a period not to exceed five school days if the board of education has adopted a bylaw permitting the principal to do so (Education Law 3214(3)(b)). Other school personnel, such as teachers, guidance counselors, or assistant principals, may not suspend a student (*Ross* v. *Disare*, 500 F.Supp. 928; *Matter of Caulfield*, 18 Ed. Dept. Rep. 574). Only a board of education, board of trustees or sole trustee, district superintendent or superintendent may suspend a student for a period in excess of five school days.

No student may be suspended for a period in excess of five school days unless the student and the person in parental relation to the student are given an opportunity for a hearing at which the student has the opportunity to be represented by an attorney, to present witnesses and other evidence, and to cross-examine witnesses. The notice of the hearing must advise the student of the grounds for the charges in specific enough terms to enable the student to anticipate reasonably the subject of the proposed hearing and to prepare a defense thereto (*Matter of Rose*, 10 Ed. Dept. Rep. 4; *Matter of Henderson*, 11 *id.* 3; *Matter of Lawlor*, 11 *id.* 261).

At the hearing, persons having direct knowledge of the facts should be called to testify. Hearsay evidence alone is not sufficient. There must be some direct evidence of guilt of the charges. The burden of proving guilt rests upon the person making the charge, and the student is entitled to a presumption of innocence of wrongdoing unless the contrary is proven (*Matter of Montero*, 10 Ed. Dept. Rep. 49).

A student who has been suspended prior to a hearing may seek reinstatement to school commencing with the sixth school day if the board of education has failed to comply with the requirements of Education Law 3214 that a hearing be offered to the student and his parents (*Matter of*

Malpica, 20 Ed. Dept. Rep. 365; *Matter of Anderson*, 11 Ed. Dept. Rep. 45). The student should be allowed to remain in school prior to the hearing unless the student's presence in school poses a clear danger to other students, faculty, or institutional property, or to the continuation of the learning process (*Stricklin* v. *Board of Regents of the University of Wisconsin*, 297 F.Supp. 416, dismissed, 420 F2d 1257).

Both the superintendent and the board of education are authorized to appoint a hearing officer to conduct student disciplinary hearings. The report of the hearing officer is advisory only; the superintendent or board may accept or reject all or any part of such report. A record of the hearing must be maintained, but a stenographic transcript is not required and a tape recording is sufficient. The student should, on appeal, be provided with a copy of the record of the hearing upon written request.

If the student is not absolved of the charged acts of misconduct, the student may appeal the findings and determination of the superintendent to the board of education. When the board of education has itself made the determination or has, on appeal, affirmed the determination of its superintendent, a student may further appeal either to the Commissioner of Education in accordance with the provisions of Section 310 of the Education Law or to the courts pursuant to Article 78 of the Civil Practice Law and Rules.

Whereas a suspension in excess of five days requires full procedural due process, more limited due process is sufficient for a suspension of one to five days. In *Goss* v. *Lopez*, 419 U.S. 656, the United States Supreme Court held, in connection with a short-term suspension, that a student should be given oral or written notice of the charges against him and an opportunity to explain the evidence and present his side of the story before a suspension is imposed. Such a procedure is provided in Education Law 3214(3)(d).

A student may be disciplined for violation of a school's drug policy even if the violation occurred at a time when school was not in session and at a location other than on school property. If a violation occurring away from school adversely affects the educative process or endangers the health, safety, or morals of students within the education system for which the school authorities are responsible, the student guilty of such act is properly subject to disciplinary action (*Matter of Pollnow*, 22 Ed. Dept. Rep. 547; *Matter of Rodriquez*, 8 *id.* 214).

The suspension of a child with a handicapping condition, as that term is defined in Education Law 4401(1), for violation of a school's drug policy involves additional considerations. A child with a handicapping condition is not immune from disciplinary measures (*Matter of a Handi-*

capped Child, 20 Ed. Dept. Rep. 470), but before disciplining a handicapped child, a board of education must establish that the child's misconduct is not simply a manifestation of the child's handicapping condition (*Matter of a Child Suspected of Being Handicapped*, 20 Ed. Dept. Rep. 94; *Matter of a Handicapped Child*, 20 *id.* 352). A board of education may not suspend or expel a handicapped child for conduct which relates to a handicapping condition, but must instead follow procedures established under Federal and State law for evaluation and placement of a handicapped child (*S-1* v. *Turlington*, 635 F2d 342; *Doe* v. *Koger*, 480 F.Supp. 225; *Sherry* v. *NYS Ed. Dept.*, 479 F.Supp. 1328).

If there is a determination that an employee has violated a school's drug rules, the superintendent may suspend the employee until the next meeting of the board of education (Education Law 1711(5)(e)). At that time the board shall decide whether to institute disciplinary proceedings against the employee.

Mandatory drug testing is discussed in Appendix A. It must also be noted that Education Law 912-a provides for drug testing of children in grades 7 through 12 upon the written request or consent of a parent or legal guardian. The results of such tests may be divulged only to the parent or guardian and to the local social services department, and may not be used for law enforcement purposes.

In addition to other State and Federal statutes that make it a crime to possess or distribute a controlled substance, Chapter 280 of the Laws of 1986 provides that the sale of a controlled substance in or near school grounds is a class B felony. Under Federal law making it a crime to sell drugs in or near a school or to a minor, the seller may receive a sentence up to double the sentence that would apply to a sale to an adult or if the sale occurred elsewhere (21 USC 845, 845A).

This section is intended only to provide a general legal background for school officials in combating drug abuse. The school attorney should be consulted in connection with the development of school policy and rules, and in cases in which action against a student or staff member appears to be required.

CHAPTER SEVEN

Local, State, and National Sources of Information

LOCAL COUNCILS ON ALCOHOLISM

What Is a Local Council on Alcoholism?

A council on alcoholism is a nongovernmental, nonprofit health agency funded by private gifts, contributions, foundation grants, government grants, and contracts. It is composed of people who volunteer their time to a program of education, advocacy, information, and referral, and to the development of community resources and services aimed at the prevention and reduction of alcoholism. A council should be broadly representative of the community it serves; as each community is different and unique, so each council is individual and unique.

What Are the Goals of a Local Council on Alcoholism?

- Educate and inform the public about the disease of alcoholism.
- Increase public awareness and reduce the stigma of the disease of alcoholism.
- Work to ensure that appropriate agencies focus on the early treatment and rehabilitation of people with drinking problems and their families.
- Advocate development of essential services for the treatment and prevention of alcoholism.

What Are the Objectives of a Local Council on Alcoholism?

- Community education: Conduct a comprehensive community education program.
- Community involvement: Mobilize and establish volunteer activities, and serve as a central registry for volunteer services.
- Training programs: Promote the establishment of training programs for professionals and nonprofessionals. Provide training opportunities and educational courses for community workers.
- Clearinghouse of information: Collect, prepare, and disseminate information on alcoholism and all relevant resources in the community for aiding alcoholics and their families.
- Development of essential services: Promote the establishment and

coordination of treatment and rehabilitation services.

- Work with the media: Promote the preparation of educational materials to be used by all communications media.
- Speakers' bureau: Establish a speakers' bureau that includes youth, minorities, and women.

To obtain information about local councils, contact:

NYS Council on Alcoholism, Inc.
155 Washington Avenue
Third Floor
Albany, NY 12210
Telephone: (518) 436-1077

(See Appendix B for a list of local councils on alcoholism by county.)

LOCAL DESIGNATED AGENCIES

What Is a Local Designated Agency?

A local designated agency (LDA) for substance abuse services is an agency of county (or city) government designated by the governing authority of the local jurisdiction to act as the contractor for any substance abuse services conducted within that jurisdiction. The agency serves as a conduit for funds received from the Division of Substance Abuse Services and is required to submit an annual comprehensive plan to the Division delineating the need for substance abuse prevention and treatment services. While the Division may contract directly with a local service provider, its preferred method of contracting for local services is through such local designated agencies.

What Are the Goals of a Local Designated Agency?

- Plan for comprehensive substance abuse services within the jurisdiction
- Serve as prime contractor for such services with the Division of Substance Abuse Services

What Are the Objectives of a Local Designated Agency?

- Planning: Prepare a five-year comprehensive plan for substance abuse service with annual updates to be submitted to the Division of Substance Abuse Services
- Contracting: Serve as the conduit for substance abuse prevention and treatment services grants from DSAS. Prepare and submit regular claims for reimbursable funds. Provide oversight for those

local service providers who subcontract with the LDA to conduct prevention and treatment services

To obtain information about local designated agencies, contact:

State of New York Division of Substance Abuse Services
Executive Park South
Albany, New York 12203
Telephone: (518) 457-2963

(See Appendix C for a list of local designated agencies by county.)

STATE SOURCES OF INFORMATION

STATE OF NEW YORK DIVISION OF ALCOHOLISM AND ALCOHOL ABUSE (DAAA). This agency provides advice, assistance, and materials related to alcoholism and alcohol abuse. 194 Washington Avenue, Albany, NY 12210. Prevention and Intervention: (518) 473-0887. Community Education and Intervention: (518) 473-3460.

STATE OF NEW YORK DIVISION OF SUBSTANCE ABUSE SERVICES (DSAS). This agency provides advice, assistance, and materials related to drugs and drug abuse. Executive Park South, Albany, NY 12203. Prevention and Educational Services Bureau: (518) 457-2963.

NEW YORK STATE EDUCATION DEPARTMENT, BUREAU OF HEALTH AND DRUG EDUCATION AND SERVICES. This agency provides technical services, consultation, and materials related to alcohol, tobacco, and drug education programs. Room 964 EBA, Albany, NY 12234, (518) 474-1491.

BOARDS OF COOPERATIVE EDUCATIONAL SERVICES (BOCES). These regional education agencies can provide coordination and training services to local school districts. Contact the BOCES that serves your school district.

CITIZENS ALLIANCE TO PREVENT DRUG ABUSE (CAPDA). This is a coalition of concerned people who desire to stem the growing drug epidemic within our state and to help parents, families, and community groups develop and utilize resources to combat the problem. P.O. Box 8200, Albany, NY 12203.

SPECIAL EDUCATION TRAINING AND RESOURCE CENTERS. These are regionally established resource centers designed to assist persons needing further information on special education or handicapping conditions. A complete listing of the SETRC centers can be obtained by con-

tacting the Office for Education of Children with Handicapping Conditions, Room 1069 EBA, Albany, NY 12234, (518) 474-8917.

NATIONAL SOURCES OF INFORMATION

ALCOHOL AND DRUG ABUSE EDUCATION PROGRAM, U.S. Department of Education. The "School Team" approach offered in this program is designed to develop the capability of local schools to prevent and reduce drug/alcohol abuse and associated disruptive behaviors. Five regional centers now provide training and technical assistance to local school districts that apply. For information, write to the U.S. Department of Education, Alcohol and Drug Abuse Education Program, 400 Maryland Avenue, SW, Washington, DC 20202-4101.

AMERICAN COUNCIL ON DRUG EDUCATION (ACDE). ACDE organizes conferences; develops media campaigns; reviews scientific findings; publishes books, a quarterly newsletter, and education kits for physicians, schools, and libraries; and produces films. 5820 Hubbard Drive, Rockville, MD 20852. Telephone (301) 984-5700.

FAMILIES IN ACTION. This organization maintains a drug information center with more than 100,000 documents. Publishes *Drug Abuse Update*, a 16-page newsletter containing abstracts of articles published in medical and academic journals and newspapers throughout the nation. $10.00 for 4 issues. 3845 North Druid Hills Road, Suite 300, Decatur, GA 30033. Telephone (404) 325-5799.

NATIONAL FEDERATION OF PARENTS FOR DRUG-FREE YOUTH (NFP). This national umbrella organization helps parent groups get started and stay in contact. Publishes a newsletter, legislative updates, resource lists for individuals and libraries, brochures, kits, and a *Training Manual for Drug-Free Youth Groups*. It sells many books and offers discounts for group purchases. Conducts an annual conference. Membership: Individual $15.00, Group $35.00 (group membership offers tax exemption). 8730 Georgia Avenue, Suite 200, Silver Spring, MD 20910. Telephone: Washington, DC area 585-KIDS, or toll-free HOTLINE 1-800-554-KIDS.

PARENTS' RESOURCE INSTITUTE FOR DRUG EDUCATION, INC. (PRIDE). This national resource and information center offers consultant services to parent groups, school personnel, and youth groups, and provides a drug use survey service. It conducts an annual conference; publishes a newsletter, youth group handbook, and many other publications; and sells and rents books, films, videos, and slide programs. Member-

ship costs $8.00. Woodruff Bldg., Suite 1002, 100 Edgewood Avenue, Atlanta, GA 30303. Telephone 1-800-241-9746.

TARGET. Conducted by the National Federation of State High School Associations, an organization of interscholastic activities associations, TARGET offers workshops, training seminars, and an information bank on chemical abuse and prevention. A computerized referral service to literature on alcohol/drug abuse and to prevention programs will begin operation in 1987. National Federation of State High School Associations, 11724 Plaza Circle, P.O. Box 20626, Kansas City, MO 64195. Telephone (816) 464-5400.

TOUGHLOVE. This national self-help group for parents, children, and communities emphasizes cooperation, personal initiative, avoidance of blame, and action. It publishes a newsletter and a number of brochures and books and holds workshops across the country each year. P.O. Box 1069, Doylestown, PA 18901. Telephone (215) 348-7090.

U.S. CLEARINGHOUSES. (A publication list is available on request, along with placement on mailing list for new publications. Single copies are free.)

National Institute on Alcoholism and Alcohol Abuse (NIAAA), P.O. Box 2345, Rockville, MD 20852. Telephone (301) 468-2600.

National Institute on Drug Abuse (NIDA), Room 10-A-43, 5600 Fishers Lane, Rockville, MD 20852. Telephone (301) 443-6500.

FREE CATALOGS ON ALCOHOL/DRUG ABUSE

COMP CARE PUBLICATIONS. A source for pamphlets, books, and charts on drug and alcohol abuse, chemical awareness, and self-help. Telephone 1-800-328-3330.

HAZELDEN EDUCATIONAL MATERIALS. A source for pamphlets and books on drug abuse and alcoholism and curriculum materials for drug prevention. Telephone 1-800-328-9000.

TOLL-FREE INFORMATION

1-800-AL CALLS (1-800-252-2557) – NEW YORK STATE COUNCIL ON ALCOHOLISM. The NYS Council on Alcoholism provides a hotline service to field calls from people seeking community education and treatment programs and hook callers up with their local council. The hotline is staffed Monday through Friday, 9-5. It's a bilingual service and is accessible to the hearing impaired.

1-800-GIVE TIP – STATE OF NEW YORK DIVISION OF CRIMINAL JUSTICE SERVICES. A statewide 24-hour hotline for reporting any suspected illegal drug activity in a community.

1-800-522-5353 – STATE OF NEW YORK DIVISION OF SUBSTANCE ABUSE SERVICES. A statewide 24-hour information line that provides literature and information on alcohol/drug abuse, assistance in forming local community action groups, and treatment referral services.

1-800-COCAINE – COCAINE HELPLINE. An around-the-clock information and referral service. Reformed cocaine addict counselors answer the phones, offer guidance, and refer drug users and parents to local public and private treatment centers and family learning centers.

1-800-554-KIDS – THE NATIONAL FEDERATION OF PARENTS FOR DRUG-FREE YOUTH (NFP). A national information and referral service that focuses primarily on preventing drug addiction in children and adolescents. By referral to the caller's "state networker" or a member group in the caller's community, NFP also provides assistance to anyone concerned about a child already using alcohol or drugs. Call between 9:00 a.m. and 5:00 p.m. (Eastern time).

1-800-638-2045 – NATIONAL INSTITUTE ON DRUG ABUSE (NIDA), U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. A national information service that provides technical assistance to individuals and groups wishing to start drug prevention programs. Currently, the program focuses on the establishment of the "Just Say No To Drugs" clubs.

1-800-662-HELP – NIDA HOTLINE. NIDA Hotline is a confidential information and referral line that directs callers to cocaine abuse treatment centers in the local community. Free materials on drug abuse are also distributed in response to inquiries.

1-800-241-9746 – PRIDE DRUG INFORMATION LINE. A national resource and information center, Parents' Resource Institute for Drug Education (PRIDE) refers concerned parents to groups in their state or local area, gives information on how parents can form a group in their community, provides telephone consulting and referrals to emergency health centers, and maintains a series of drug information tapes that callers can listen to, free-of-charge, by calling after 5:00 p.m.

CHAPTER EIGHT

Student Assistance and Special Prevention Programs

STUDENT ASSISTANCE PROGRAMS

Student assistance programs are designed to meet the special needs of children of alcoholic families and other high-risk groups for problems involving alcohol/drug abuse. This is an especially important program in light of the fact that research has clearly shown that children of alcoholics (COAs) are most likely to become victims themselves of both alcoholism and cocaine addiction.

Professional counselors provide intervention and prevention services for students of alcohol/drug abusing families, for students who have themselves been abusing alcohol or other drug substances, and for students who exhibit behavioral and academic problems or signs of stress that could be related to their own or their parents' abuse problem. Student assistance program activities include:

- special education and support for students with alcoholic parents
- on-site evaluation/assessment services and treatment referrals for those students with alcohol or other drug problems
- screening services, referral, and appropriate treatment for students not known to be children of abusers, but who exhibit performance problems
- information and education programs for teachers, parents, and the community
- providing an environment for special program services, meetings of recovery fellowships, and a site for treatment visits for youth who can't be treated in local clinic settings
- arranging with local alcoholism clinic programs to provide on-site outreach services, including clinical assessments

SPECIAL PREVENTION PROGRAMS

Many of the schools and communities around the country have found that special projects had to be designed to meet the needs of specific segments of the population as part of the overall comprehensive prevention program. These special projects in no way substitute for a total pro-

gram, but they have been found to enhance – and in many cases make possible – the success of the alcohol/drug abuse program.

School-based special prevention programs may provide services through three basic means:

1. Information/education, primarily targeted toward group services
2. Counseling services
3. Alternative schools targeted toward those students who require an intensive individual and/or group service

Community-based special prevention programs may also provide the services in items #1 and #2, above.

A compendium of these special projects follows. Program titles with asterisks indicate that additional information about these programs may be obtained from:

State of New York Division of Substance Abuse Services (DSAS)
Bureau of Prevention and Educational Services
Executive Park South
Albany, NY 12203
Telephone: (518) 457-2963

*ADOLESCENT PROJECT. This program is designed to be a nonresidential program for adolescents. The target population is kids who have come before the criminal justice system and face the possibility of being placed in a residential setting.

The project consists of an after-school program including individual and group counseling, tutoring, arts and crafts, and recreation. Daily contact is made with the student's school to monitor attendance and academic performance. There is also weekly family therapy in the student's home. A basic tenet of the project is that whenever possible, the student should remain at home and in his/her own school, and that primary responsibility belongs to the family. Through the program, it's expected that there will be less need for residential placement, and the student's positive goals will be increased.

The intensive services provided through this program benefit the student as well as parents, the school, and community, and they reduce the pressure on the criminal justice system.

*ADAPT OLYMPICS PROGRAM. The ADAPT (an acronym for Alcohol/Drug Abuse Prevent Teams) Olympics program provides a series of alternative activities as a means to deter high-risk youngsters from substance abuse and use. Highlighting these activities is the annual Olympics, a

sports event in which students learn respect and fair play. These kids also develop positive attitudes about each other through friendly competitive intramural sports, in which the object is to establish constructive goals with respect to good sportsmanship. In addition, these activities are designed to provide the student as well as the community with a sense of identity and group acceptance. Students from grades 4-8 have the chance to interact and compete in track, double dutch, and cheerleading.

The project presents a practical, functional situation for the teaching of desirable character traits. A pleasing personality, not extraordinary athletic ability, is a basic criterion to winning a first-, second-, or third-place trophy. Other important qualifications are spirit, talent, and good sportsmanship.

The Olympics is an excellent opportunity for students to develop leadership and personal growth, and it provides a position of responsibility and importance. Through this involvement, students and their families develop skills and strengths that will be utilized in the community.

*THE ALTERNATE LEARNING SPACE. As the name implies, the A.L.S.—an innovative humanistic school—is located in an alternative setting. It's designed to service those students experiencing and/or experimenting with alcohol and drugs, and also those manifesting poor ego development, involvement in negative peer relationships, and other forms of maladaptive behaviors. These behaviors, if unaddressed in early adolescence, correlate highly with the use of alcohol and drugs.

To provide a continuity of services for the children at the A.L.S., a liaison person will communicate with the schools to furnish information about the students' progress and other pertinent data. This person will also act as a liaison between community agencies and the alternative school in an effort to provide additional services for the students.

*ATHLETIC TEAM PROGRAM. The program involves a retreat workshop for high school students and staff involved with athletics: players, coaches, cheerleaders, etc. Prior to the retreat, a one-day program for parents and school authorities is held. A goal of the retreat is to have student participants agree not to use alcohol or other substances during the playing season, to improve grades, and to support each other.

The group is taught peer leadership skills and develops projects to serve the school and/or community.

Projects have included:

- a senior citizens project
- a big-brother, big-sister program working with elementary students

- a transition program for students moving into either junior or senior high
- a program to locate and establish alternative programs and facilities for kids outside of school hours

An important facet of such a retreat workshop is the involvement of professional athletes, which is made possible through cooperative arrangements with national sports associations. The influence of professional athletes for positive reinforcement is very beneficial.

BABES. BABES (an acronym for Beginning Alcohol and Addictions Basic Education Studies) is a prevention program based on evidence showing that children ages 4-6 already have opinions regarding alcohol and drug use, smoking, violence, and overeating. Therefore, the program is directed toward pre-elementary and early elementary children. Its objectives are to help children develop positive living skills and to provide them with nonjudgmental information about the use and abuse of alcohol and drugs.

The program consists of seven lessons, to be presented with the use of stories, flash cards, work sheets, and hand puppets that are humanized to be like men, women, and children with easily recognizable personality types. A set of cassette tapes with voices for the puppets is also included.

For more information, please contact:

BABES-World Home
1704 Kales Building
76 West Adams
Detroit, MI 48226
Telephone: (313) 443-1676

*COMMUNITY PREVENTION PROGRAM. This program is designed to create community awareness, deglamorize substance use, provide resources to community residents, and offer support to families with substance abuse problems. While each community has to determine its own needs, activities developed by various communities include:

- community awareness centers in local libraries and police stations
- development and distribution of informational literature
- presentations concerning peer pressure and "saying no to drugs"
- awareness programs for adults (clergy, teachers, business leaders, parents)
- "how to" assist friends with substance abuse problems
- a nonchemical alternatives resource directory
- an educational program for vendors of alcoholic beverages

- activities to attract and involve young people, such as theatrical presentations, athletic events, workshops, social activities, outdoor camping trips
- a youth employment bureau
- parent workshops (topics include pre-adolescent and adolescent abuse of drugs, communications, and single parenting)
- development of a parent network to serve as a support group and provide a vehicle of communication for parent education
- issuance of student ID cards

*COUNSELING CENTER FOR FAMILY DEVELOPMENT. This project is a clinical treatment and community resource center established by a school-based prevention program and the community school district. The Center provides free, professional services in counseling and family education to public and private school children and their families.

The program's primary goal is to cultivate a child's coping skills and appropriate behaviors, and to develop more productive familial interactions. Kids identified as having either change-related difficulties or demonstrating chronic dysfunctional behaviors receive family counseling as the primary form of intervention. Family and parent-child workshops and seminars serve to address normal developmental issues that arise out of family members' relationships.

A full range of counseling and counseling-related services is offered, as follows:

- family counseling
- adolescent workshops and group counseling
- crisis intervention
- family life cycle education seminars
- parent-child communication enrichment workshops
- assistance with referrals
- community presentations
- speakers' bureau

The Center's personnel consists of funded program staff and interns enrolled in graduate counseling programs. The Family Center thereby also functions as a training facility for professional counselors.

*COUNTYWIDE ALCOHOL AND SUBSTANCE ABUSE PREVENTION PROGRAM. This project provides a unified county approach to the problems of alcohol and substance abuse among kids by working with all local school districts, communities, and human service agen-

cies. The project acts as a catalyst for the development of both local and countywide prevention and education programs.

The project also assists in the development of community action groups providing initial direction and ongoing technical assistance. Each community forming an action group identifies its prevention needs and determines how it will meet them through action plans.

Educational programs are provided to five groups within the county: children, parents, human service personnel, educators, and community members/volunteers. The following specific programs are conducted by the project:

a) *Alcohol and Substance Abuse Education Program* – is structured to provide an effective prevention program to a broad spectrum of children within the school setting. High school students serve as role models and are trained to work with small groups of elementary students (usually sixth-grade level) in areas of attitude awareness, decision making, and straight facts about drug and alcohol abuse. The elementary teachers are committed to follow-up activities utilizing the state's drug education curriculum. Parents are also involved through an "educational night" following their children's experience.

b) *Special Elementary School Program* – is geared toward elementary students to prevent mental health problems and alcohol and substance abuse. The program runs for five months and involves fourth and fifth graders, teachers, and parents. The program follows the design of the Family Workshops developed by Dr. Fred Streit and has classroom instruction and family evenings.

c) *Awareness Days* – are focused on rural or small town high schools. Students have the opportunity to explore issues of interest to them, which are covered in daylong workshops conducted by professionals in the particular field. Such topics as employment, dating, drugs, suicide, alternatives, legal rights, driving and drinking, family communication, and smoking are included in the program.

d) *Faculty In-service Training* – is initiated at the school district's request. The purpose is to make teachers aware of their attitudes toward alcohol and drugs and to provide them with accurate information on substance abuse, including access to referral systems. Topics covered include signs of student substance abuse and an overview of the problem.

e) *Community Education* – is designed to increase public and professional awareness about alcohol/drug abuse. This is accom-

plished through public presentations of an informational nature and specialized training courses.

*CULTURAL MINORITY PROGRAM. This program is designed to help reduce stress in minority communities. It seeks to enhance communication skills between children and adults in the community in an effort to preserve traditional cultural values and foster an understanding of the cultural values of others. The program may include a cultural activities day in which the children participate, as well as workshops to educate both parents and children about substance abuse.

DECISIONS ABOUT DRINKING. "Decisions About Drinking" is an alcohol education curriculum developed by the Cambridge and Somerville Program for Alcoholism Rehabilitation (CASPAR). Approved by the National Diffusion Network of the U.S. Department of Education, this program is based on studies suggesting that alcohol use and abuse are learned behaviors and that attitudes toward drinking are significant factors in the development of alcoholism. Designed for students in grades 3-12, the curriculum covers both alcohol use and alcoholism, and it emphasizes responsible decision making in regard to alcohol use. Designated teaching methods, which encourage active student participation, include discussion, games, role play, and puppetry.

For more information, please contact:

CASPAR
226 Highland Avenue
Dept. 14
Somerville, MA 02143
Telephone: (617) 623-2080

*"DRUG DISCONNECTION" PROJECT. Designed to have an impact on young people in junior high and high school, this program presents correct and up-to-date substance abuse information and at the same time improves self-image, communications skills, and each person's ability to

cope. The goals of the program are to increase self-esteem, provide information, and provide individual crisis assistance, thereby decreasing substance use by the participants.

The program is conducted for one semester. Before-and-after tests are administered to the participating group and to a control group. As a group, the students work first on communication. This is followed by a series of activities and discussions concerned with self-awareness, "put-downs," values, and decision making.

*5TH AND 6TH GRADE PROGRAM. In order to utilize classroom teachers as "prevention workers," modeling of affective classroom techniques is provided through classroom presentations on a 15-week cycle. The classroom teacher actively participates in the lesson planning and presentation. This design provides for a "multiplier effect" that allows a trained classroom teacher to continue with the class after the 15-week cycle. Thus, many teachers are trained who in turn affect many students over an extended period of time.

In addition, the program:

a) provides drug education curriculum materials to a broad spectrum of the school population
b) helps identify the students in need of specialized services

*GROWING HEALTHY PROJECT. Formerly known as the Seattle-Berkeley or School Health Curriculum Project, this program provides a kindergarten-through-6th-grade curriculum. Students learn what marvelous machines their bodies are—how they function and the harmful effects that can be caused by certain substances.

An important facet of the program is the teacher training. Thirty-five to sixty hours of workshops are presented to teachers who also experience the curriculum in the classroom along with the students. Reinforcement of professional skills takes place through these experiences.

Material covered in the curriculum includes an overview of feelings and the five senses, appreciation of specific senses, structures and functions of the senses, diseases and problems of the senses, and care of the body and disease prevention.

HERE'S LOOKING AT YOU, 2000. "Here's Looking at You, 2000," a program developed by the Comprehensive Health Education Foundation, is based on research linking drug/alcohol abuse with certain risk factors, such as a family history of alcoholism, family management problems, early antisocial behavior, favorable attitudes toward drug abuse, and having friends who use drugs. Studies have shown that young people who

are at risk in one or more of these areas have an increased chance of developing a problem with drug/alcohol abuse. Lesson plans are keyed to these risk factors.

Activities are designed to emphasize self-control, self-esteem, refusal skills, the importance of family, coping skills, how to avoid trouble with others, and more. The program includes information about drugs. Information about "gateway" drugs—alcohol, nicotine, and marijuana—is introduced two years before the average age of first use.

For more information, please contact:

Comprehensive Health Education Foundation
20832 Pacific Highway South
Seattle, WA 98198
Telephone: (206) 824-2907

*HIGH RISK STUDENT PROJECT. This program, which is a tracking program for dropouts, directs its efforts to two categories of high-risk high school students:

1) students who quit school before they graduate
2) students who have completed their high school education but who have had a career of maladaptive conduct in school, have shown alienation and antisocial feelings, and who left high school with no apparent goals or direction for their future

The program is designed to provide guidance and support to youth in the community. There are two components:

Mid-High School Dropouts – Schools are canvassed for lists of their dropout students over the past three years. These students are contacted with the goal of having them return to school to complete their high school education or, if this is unattainable, to guide them toward preparation for the High School Equivalency Examination so they may qualify for advanced educational or vocational placement. Students are counseled through telephone conversations and in face-to-face sessions. Principals of students' former and prospective schools are also contacted in order to receive assistance in deciding on a suitable educational environment. Ongoing counseling for the student and, if necessary, for the parents is provided by other programs.

Post-High School Dropouts – High schools are solicited for lists of high-risk graduates over the past three years who ap-

peared to have been particularly problematic during their secondary school career and who left the school without any particular ambition either in terms of further education or vocational choice. The students are contacted in telephone conversations or in face-to-face sessions and are given an opportunity to explore the various alternatives that they can pursue toward either an academic or vocational career. Study overseas is also offered as an option, and those students who are placed in programs overseas are tracked and services are made available to them when they return home. At the least, the student is advised to participate in some sort of program for his or her own further education and wholesome development from adolescence into adulthood. If counseling is indicated for the student or his or her family, this source is provided by other programs.

*HIGH SCHOOL PROGRAM. The principal mission of this program is to provide drug abuse counseling, prevention, and educational services for high school students exhibiting a variety of behavioral and academic problems such as drug experimentation, truancy, and low academic achievement. The program goals include providing kids with intellectual, social, cultural, and recreational alternatives to drug abuse, and helping students develop the necessary skills to make decisions and solve problems.

Counselors communicate on a level not available to students within the traditional school system and help kids negotiate the school system, acting as student advocates and aiding them to remain in school.

A wide range of services is offered: classroom and assembly presentations; individual, group, and family assistance; crisis counseling; parent and faculty workshops. The types of group experiences offered are varied enough to meet students' needs: developmental groups, social interaction groups, rap groups, and peer leadership groups.

Individual interests and talents of counselors are utilized to enrich the program; e.g., theater presentations, cultural field trips, wilderness experience, athletics, community service, a media project, and culinary arts.

*INTERGENERATIONAL PROGRAM. Participants in this project are elementary and junior high students who spend part of their school day in the classroom and the other part in the field. This project is designed to bring together two disparate groups in the community: teenagers and senior citizens. Senior citizen housing and local hospitals are helping to open channels of communication between these two groups and at the

same time unite members of various ethnic groups. The teenagers and senior citizens involved in this project learn to know and depend upon each other through health care. The staffs of local hospitals train teenagers to take blood pressure readings, temperature, and pulse, and also train them in cardiac-pulmonary-respiratory care and nutritional needs.

The intergenerational program helps the kids develop a sense of responsibility and usefulness and learn from the experiences of the older people. In addition, they have a hands-on opportunity to explore the health field as a profession. The senior citizens feel wanted and are motivated by the enthusiasm of their young friends, and learn to know and lose fear of the teenagers.

Learning about the experiences of others enables the kids to think ahead to their own future and understand different perspectives. Also, both the groups establish new friendships and develop increased understanding of each other.

*LEADERSHIP DEVELOPMENT PROGRAM. This course prepares students for a four-week program in the freshman health class or an elementary self-esteem program for 4th graders. As an alternative to the health classes or elementary school program, students may develop a human relations leadership project approved and supervised by the instructor.

The underlying principle of the course is that self-esteem is a basic need. Based on this, participants will gain an understanding of the need for—and demonstrate the ability to give others—unconditional positive regard through empathetic understanding. Since peers, as well as teachers and parents, are significant to the students' self-image, this image can be positively reinforced as a result of the "reflected appraisal" of these significant others. It's the goal of the leadership development class to accomplish this through a series of structured experiences that emphasize experiencing, sharing, processing, generalizing, and applying. Some of these experiences include a contract between the class and the instructor that clarifies the needs and expectations of each, development of a support group, increased awareness of verbal and nonverbal behavior, understanding of self and others, improved self-confidence and self-image, and the development of skills needed to be an effective facilitator and group leader.

*LINKAGES WITH COMMUNITY GROUPS. This model is designed for a weekend workshop to form a core of school/community representatives to initiate efforts in prevention of alcohol and drug use/abuse. Exam-

ples of programs developed might include parent education, parent networking, positive role models, and alternatives to help children avoid substance abuse.

Emphasis is placed on the psychosocial causes of drug abuse, classroom techniques, team building, problem solving, establishing support networks, and designing programs.

Twenty-five people are brought together to mobilize diverse groups in an effort to develop and implement prevention and early intervention programs in the community with linkages to the schools. Participants might be drawn from school board members, PTAs, parent groups, school personnel, police, community centers, mental health agencies, treatment agencies, and other significant groups within the community.

The training takes place in a residential setting to maximize learning, both formal and informal, and to accelerate the team-building programs. Following training, technical assistance is provided to help the group implement and modify its action plans.

ME/ME. This program, originally developed as an ESEA Title III program in Appleton, Wisconsin, is geared toward children in grades 1-6. It deals with enhancement of self-concept, provision of decision-making skills, and the development of attitudes toward drugs and alcohol.

Already used in many New York State schools, ME/ME focuses on the reasons for drug use. It recognizes that children having low feelings about themselves are more likely to use drugs than children having a positive self-concept. Therefore, the program seeks to increase feelings of self-worth. It also aims to improve the ability to make good decisions and to disseminate reliable information about drugs.

Teachers must be trained before the program can be implemented. Training is one day in length and helps the trainees to use the program more effectively. Part of the training package consists of a monitoring and evaluation system.

The program is to be used at least one hour per week, and a specific time block is recommended.

For more information, please contact:

ME/ME, Inc.
426 West College Avenue
Appleton, WI 54911
Telephone: (414) 735-0114

OMBUDSMAN. The Ombudsman program is an affective education program designed for students in grades 5-9. Developed by the Charlotte (N.C.) Drug Education Center, Inc., the goal of the program is to prevent

drug abuse by redirecting high-risk states of mind such as rebelliousness, negative attitudes toward school, low self-esteem, and family incohesiveness.

The program consists of a 30-hour, semester-long course containing three phases:

a) Self-Awareness: Students participate in a series of exercises to help them gain a wider understanding of themselves as unique individuals. There are 33 self-awareness classroom exercises.

b) Communications and Group Skills: Group interaction is used to increase communication and decision-making skills. Initial exercises raise the issue of cooperation versus competition. Physical exercises are used to enable groups to look at team building and problem solving. Other exercises demonstrate listening skills and confrontation. There are 35 various exercises that can be utilized.

c) Project Outreach: Skills learned in the first two phases are used by students to carry out a school or community project. This allows the students to reach out to others and experience success and satisfaction.

In order to adopt the Ombudsman program in the school district, certain conditions must be met: At least two teachers will receive the training, which takes 15-20 hours and enables the trainees to understand the program rationale and the skills needed to carry it out, and to learn how to process structural activities. Follow-up by the training staff is provided. The program will be taught for 30 hours during a semester and will utilize the material, "Ombudsman: A Classroom Community." Before-and-after inventories are also to be given to the experimental group as well as to a control group in the school.

For more information, please contact:

Charlotte Drug Education Center, Inc.
1416 East Morehead Street
Charlotte, NC 28204
Telephone: (704) 374-3211

*PRIMARY MENTAL HEALTH PROJECT (PMHP). The Primary Mental Health Project (PMHP) is a program for early detection and prevention of school adjustment problems; data indicate that there is a high correlation between school adjustment problems and later substance abuse.

The Primary Mental Health Project identifies high-risk children in grades 1-3 (it may identify high-risk kindergartners as well) and uses trained nonprofessionals as child aides. The PMHP process begins with

systematic early detection of school adjustment/behavioral problems based on psychological screening, parental interviews, and teacher reports. Once a student with such problems is identified, goals are established. Under professional supervision, aides work with the kids individually and sometimes in small groups. PMHP staffing conferences are held periodically to evaluate each child's progress during and at the end of the school year.

Early identification is much more effective than traditional, after-the-fact attempts to deal with chronic, deep-rooted school failure and the accompanying behavioral problems—including alcohol and substance abuse.

*PROJECT CHARLIE. Project CHARLIE is a prevention program that has been used in rural areas of New York State. CHARLIE (an acronym for Chemical Abuse Resolution Lies in Education) has several purposes:

1. promotion of the social and emotional growth of children
2. assistance to school officials to develop an atmosphere of mutual respect
3. assistance to community members in applying prevention principles in their lives

The curriculum is designed for grades K-6; the core program focuses on self-awareness, relationships, decision making, and chemical abuse.

*RURAL PREVENTION PROGRAM. This varied program, to be offered in a rural community, consists of services (including crisis counseling and ongoing individual, group, and family counseling), public awareness programs, and in-school prevention/education programs for junior high and high school students.

A general orientation is given in all school health classes so that each student understands the nature of this program. A "rap" room serves as a resource center for pamphlets, books, magazines, and filmstrips on drugs and other health information. In addition, staff conduct parent and community meetings to inform parents about the drug problem and community alternatives.

In-school prevention/education programs include creative drug education for 7th-grade-level students. The school counselor meets with students two days a week for seven weeks. The goal is to increase awareness and improve the understanding and knowledge of feelings, values, communication and decision-making skills, drugs and school drug policy. An elementary school program is conducted by classroom teachers with the counselor serving as a resource or consultant.

Alternative activities in the program include small informal groups that meet in the "rap" room – a comfortably furnished room set apart from the central office section in the school that allows for a relaxed atmosphere in which kids can meet in confidence with prevention staff. Some structured groups meet on a regular basis to discuss feelings, explore attitudes, clarify values, and learn a decision-making model. After-school and summer activities include craft fairs, field trips, skiing, hiking, and other physical fitness activities. A volunteer program is conducted by the staff that includes such projects as a holiday basket project for the elderly and handicapped, community cleanups, and service to local nursing facilities.

*"SAYING NO" PROGRAM. This program is provided as supplementary social science and/or health study on substance use. Fifth and sixth graders learn to increase their ability to say no to drugs/alcohol. During one classroom period, trained 7th and 8th graders assist the teacher in instructing the younger students to resist peer pressure.

Situations based upon actual experience of the 7th-and-8th-grade student trainers are used to create role plays that show how kids are encouraged to use illicit drugs and alcohol. This helps students learn ways to deal with peer pressure.

The objectives of the program are to:

- increase 5th-and-6th-grader competence to manage successfully interpersonal challenges that might otherwise lead to the use of illicit drugs or alcohol
- reduce the incidence of first-time use of illicit drugs or alcohol in 5th and 6th graders
- increase the leadership skills of selected 7th and 8th graders and reinforce their noninvolvement with illicit drugs or alcohol

The program is evaluated with a before-and-after test on the use of drugs and alcohol. The tests are administered at the targeted school and at a control school. Students are randomly retested for their ability to act assertively in standardized situations.

*SCHOOL DISTRICT/COMMUNITY TRAINING. Selected school districts and community groups participate in intensive training to help schools and communities develop viable programs to combat the multifaceted problems of kids – problems that could lead to alcohol and drug abuse. Through the training, the participants are divided into teams to learn a specialized approach to problem solving.

The training is designed to meet the particular needs of the local

school district and its community. While in training, each team is asked to analyze its school and community and to design new alcohol and drug prevention/counseling programs or to refine those already in operation. In general, the training has the following objectives:

- to provide an in-depth understanding of the drug abuse field – pharmacological, psychosocial, and legal – and prevention, counseling, treatment, and rehabilitation programs
- to increase participants' awareness of how attitudes and values contribute to the syndrome of drug abuse, and how they influence the success or failure of prevention and treatment approaches
- to increase the participants' ability to understand and identify local and regional resources and develop procedures for using them
- to increase the participants' ability to work in groups

Follow-up technical assistance is offered to the school/community teams as they develop and implement their plans. The expected outcomes of training are improvement in the school/community climate and reduction in substance abuse, vandalism, truancy, and disciplinary problems.

*SELF-AWARENESS CENTER. This unique program is an intensive service for children identified as at emotional risk. These may include children from immigrant and non-English speaking families, children with problems related to rejection, isolation, antagonism, and scapegoating; children who are experimenting with alcohol and drugs; and children of alcoholics.

The program identifies 6th-grade students who are experiencing difficulty in school or who exhibit dysfunctional behavior, all of whom may be considered as "at risk" of becoming alcohol and substance abusers.

Services provided are group counseling twice a week, individual counseling a minimum of once a week, and extensive outreach to the families. The length of the program is approximately 18 weeks after screening and orientation have taken place.

Follow-up services are provided for students who were in the Self-Awareness Center in prior years and who presently are 7th-9th graders.

SKILLS FOR ADOLESCENCE. Skills for Adolescence is a program designed to promote and encourage healthy, drug-free lifestyles. Developed for young people in grades 6-8, this prevention program teaches skills in decision making, communication, and dealing effectively with peer pressure in order to be able to say no to alcohol/drugs. Skills for

Adolescence is a joint effort of the Quest National Center and Lions Clubs International.

For more information, please contact:

The Quest National Center
6655 Sharon Woods Blvd.
Columbus, OH 43229
Toll-free telephone: 1-800-446-2700

*SUBSTANCE ABUSE AWARENESS PROGRAM. This program can be utilized as an effective beginning in prevention efforts. It can also be seen as an example of how to plan an effective community awareness program consisting of one or two presentations.

The program outline may consist of a morning session with a knowledgeable keynote speaker, followed by small-group sessions to discuss the topics covered by the speaker (generally involving an overview of substance abuse). Each group selects a recorder to report the content of the group's discussion when the attendees convene again in a general meeting. Following lunch, mini-sessions are conducted on different topics related to substance abuse (such as cocaine, drugs and the law, alcoholism, family relationships, marijuana, and prescription drug misuse). These are 45-minute presentations by various resource personnel with a question-and-answer period. Each attendee may preregister to participate in any two mini-sessions. Participants later come together for a general wrap-up meeting and discussion of future efforts. Evaluation is completed at the end of the program.

This undertaking requires a well-planned public relations effort to communicate the importance of and participation in such a meeting. Media such as radio, television, local newspaper, and school newsletters should be utilized. It's important to assure that all segments of the community are involved—churches, school administrators, PTA, etc.

TWYKAA (TALKING WITH YOUR KIDS ABOUT ALCOHOL). TWYKAA is an educational program designed for parents and their teenagers and preteenagers. Developed by the Prevention Research Institute, Inc., and offered by churches and community groups, TWYKAA focuses on ways to help parents prevent their children from experiencing alcohol problems. It presents useful information about alcohol, as well as guidelines to teaching children facts about alcohol in interesting, nonthreatening ways. In addition, TWYKAA suggests ways to develop an atmosphere at home that is conducive to healthy attitudes and behaviors.

For more information about TWYKAA, please contact:

NYS Council on Alcoholism, Inc.
155 Washington Avenue
Third Floor
Albany, NY 12210
Telephone: (518) 436-1077

TWYSAA (TALKING WITH YOUR STUDENTS ABOUT ALCOHOL). TWYSAA is currently being developed by the Prevention Research Institute, Inc., and will soon be available for implementation in the schools. Geared toward educators rather than parents, TWYSAA is designed to help teachers communicate effectively with their students on issues concerning alcohol.

For further information, please contact:

NYS Council on Alcoholism, Inc.
155 Washington Avenue
Third Floor
Albany, NY 12210
Telephone: (518) 436-1077

*URBAN SCHOOL PROGRAM. Under this program, funded resources provide a panoply of programs, designed for all grade levels. Some of these programs are:

- *Comprehensive Chemical Abuse Education and Prevention*, which may include rap sessions, individual assistance, remedial and tutorial assistance, cultural and vocational trips, support services, and referrals of students and parents for counseling
- *Positive Alternative Program*, which provides alternatives to drug use. Activities may include rap sessions, selective individual and tutorial assistance, field trips, recreational activities, arts and crafts, peer leadership activities, and theater presentations and/or attendance
- *Adult Evening Clinic* for parents of students exhibiting aberrant behaviors (alcohol and/or substance abuse, poor interpersonal relationships, truancy). Services in the clinic include endurance counseling, workshops, seminars, and referrals
- *Outreach Activities*, which include rap groups to familiarize students with the program and adult awareness workshops
- *Not To Scare — Make Aware Program*, a teacher training and

awareness program to aid classroom teachers in presenting drug prevention in their classes

- *Truancy Turnaround Program* to identify chronic truants, change their attitudes, and return them to school. Direct contact is made with students and teachers, and appropriate referrals are made

*Operation SPECDA, New York City. Operation SPECDA (School Program to Educate and Control Drug Abuse) is a cooperative program of the New York City Board of Education and the New York City Police Department. Police concentrate enforcement efforts within a two-block radius of schools to create a drug-free corridor for students.

In addition to enforcement, police assist in planning school assemblies, discussion sessions for fifth and sixth graders, and evening workshops for parents. Police also work with the drug abuse counselor in the city schools.

*Project DARE, Los Angeles, California. The police department and school district have teamed up to create DARE (Drug Abuse Resistance Education), now operating from kindergarten through grade 8 in 405 schools in Los Angeles. Fifty-two carefully selected and trained frontline officers are teaching students to build their self-esteem, manage stress, resist pro-drug media messages, and develop other skills to say no to drugs. In addition, officers spend time on the playground at recess so that students can get to know them. Meetings are held with teachers, principals, and parents to discuss the curriculum.

Research has shown that DARE has improved students' self-perceptions and their sense of responsibility for themselves and to police, and has strengthened their resistance to drugs. For example, before the DARE program began, 51 percent of fifth-grade students equated drug use with having more friends. After training, only 8 percent reported this attitude.

DARE has also changed parental attitudes through an evening program teaching them about drugs, the symptoms of drug use, and ways to increase family communication. Before DARE, 32 percent of parents thought that it was all right for children to drink alcohol at a party as long as adults were present. After DARE, no parents reported such a view. Before DARE, 61 percent thought that there was nothing parents could do about their children's use of drugs; only 5 percent said so after the program.

As a result of the high level of acceptance by principals, teachers, the community, and students, DARE has spread from 50 elementary schools

in 1983 to all 347 elementary and 58 junior high schools in Los Angeles. The California success is expanding, and DARE will soon be fully implemented in Virginia.

Bibliography

Alcohol and Substance Abuse Curriculum Project K-12 (Supplementary Materials for Alcohol: The Gateway Drug). Albany, NY: State of New York Division of Alcoholism and Alcohol Abuse and the New York State Education Department, 1986.

Alcohol:A Gateway Drug (Alcohol Supplement to the Drug Education Curriculum). Albany, NY:State of New York Division of Alcoholism and Alcohol Abuse and the New York State Education Department, Fall 1986 draft. 68 pages.

COAs & Alcohol:Risky Business. Albany, NY:State of New York Division of Alcoholism and Alcohol Abuse, 1986. 7 pages.

Community Organization Guide: A Framework for Community Involvement in Drug Abuse Prevention. Albany, NY:State of New York Division of Substance Abuse Services, September, 1986. 24 pages.

Dangers of Smoking: Benefits of Quitting and Relative Risks of Reduced Exposure, revised edition. New York, NY: American Cancer Society, Inc., 1980. 81 pages.

A Decision-Maker's Guide to Reducing Smoking at the Worksite. Washington, DC: United States Department of Health and Human Services, Public Health Service, Office of Smoking and Health, and Office of Disease Prevention and Health Promotion; Washington, DC: Washington Business Group on Health; American Cancer Society, Inc., 1985. 50 pages.

A Directory of Services from Community Intervention. Minneapolis, MN:Community Intervention, Inc., 1986. 26 pages.

Directory of Substance Abuse Programs in New York State. Albany, NY: State of New York Division of Substance Abuse Services, June, 1986.

A Double Danger: Relationships Between Alcohol Use and Substance Use Among Secondary School Students in New York State. Albany,

NY: State of New York Division of Substance Abuse Services, and the Division of Alcoholism and Alcohol Abuse; Buffalo, NY: Research Institute on Alcoholism, Fall 1985. 50 pages.

Drug Education Curriculum (Grades K, 1, 2, 3, 4, 5, 6, Junior and Senior High). Albany, NY: The New York State Education Department, 1981, Kindergarten – 31 pgs., Grade 1 – 36 pgs., Grade 2 – 60 pgs., Grade 3 – 64 pgs., Grade 4 – 58 pgs., Grade 5 – 58 pgs., Grade 6 – 54 pgs., Junior High – 70 pgs., Senior High – 94 pages.

Handbook for Parents. Albany, NY:Citizens Alliance To Prevent Drug Abuse and the State of New York Division of Substance Abuse Services, May, 1984. 161 pages.

Health Education Syllabus: Grades K-12. Albany, NY: The New York State Education Department, 1986. 58 pages.

Preventing Alcohol Problems Through A Student Assistance Program. Rockville, MD: National Institute of Alcohol Abuse and Alcoholism, 1984. 35 pages.

Strategies for Substance Abuse Prevention:A Directory of Assistance. Albany, NY:State of New York Division of Substance Abuse Services, 1986. 264 pages.

Understanding Drug Use: An Adult's Guide to Drugs and the Young. Peter Marin and Allan Y. Cohen. New York, NY: Harper and Row, 1971.

What Works: Schools Without Drugs. Washington, D.C.: The United States Department of Education, 1986. 78 pages.

APPENDIX A

How The Law Can Help*

Federal law accords school officials broad authority to regulate student conduct and supports reasonable and fair disciplinary action. The Supreme Court recently reaffirmed that the constitutional rights of students in school are not "automatically coextensive with the rights of adults in other settings." [1] Rather, recognizing that "in recent years...drug use and violent crime in the schools have become major social problems," the Court has emphasized the importance of effective enforcement of school rules.[2] On the whole, a school "is allowed to determine the methods of student discipline and need not exercise its discretion with undue timidity." [3]

An effective campaign against drug use requires a basic understanding of legal techniques for searching and seizing drugs and drug-related material, for suspending and expelling students involved with drugs, and for assisting law enforcement officials in the prosecution of drug offenders. Such knowledge will both help schools identify and penalize students who use or sell drugs at school and enable school officials to uncover the evidence needed to support prosecutions under Federal and State criminal laws that contain strong penalties for drug use and sale. In many cases, school officials can be instrumental in successful prosecutions.

In addition to the general Federal statutes that make it a crime to possess or distribute a controlled substance, there are special Federal laws designed to protect children and schools from drugs:

> An important part of the Comprehensive Crime Control Act of 1984 makes it a Federal crime to sell drugs in or near a public or private elementary or secondary school. Under this new "schoolhouse" law, sales within 1,000 feet of school grounds are punishable by up to double the sentence that would apply if the sale occurred elsewhere. Even more serious mandatory penalties are available for repeat offenders.[4]

Distribution or sale to minors of controlled substances is also a Fed-

* Excerpted, with permission of the United States Department of Education, from its pamphlet entitled *What Works: Schools Without Drugs* (1986).

eral crime. When anyone over age 21 sells drugs to anyone under 18, the seller runs the risk that he will receive up to double the sentence that would apply to a sale to an adult. Here too, more serious penalties can be imposed on repeat offenders.

By working with Federal and State prosecutors in their area, schools can help to ensure that these laws and others are used to make children and schools off-limits to drugs.

The following pages describe in general terms the Federal laws applicable to the development of an effective school drug policy. This handbook is not a compendium of all laws that may apply to a school district, and it is not intended to provide legal advice on all issues that may arise. School officials must recognize that many legal issues in the school context are also governed, in whole or in part, by State and local laws, which, given their diversity, cannot be covered here. Advice should be sought from legal counsel in order to understand the applicable laws and to ensure that the school's policies and actions make full use of the available methods of enforcement.

Most private schools, particularly those that receive little or no financial assistance from public sources and are not associated with a public entity, enjoy a greater degree of legal flexibility with respect to combating the sale and use of illegal drugs. Depending on the terms of their contracts with enrolled students, such schools may be largely free of the restrictions that normally apply to drug searches or the suspension or expulsion of student drug users. Private school officials should consult legal counsel to determine what enforcement measures may be available to them.

School procedures should reflect the available legal means for combating drug use. These procedures should be known to and understood by school administrators and teachers as well as students, parents, and law enforcement officials. Everyone should be aware that school authorities have broad power within the law to take full, appropriate, and effective action against drug offenders. Additional sources of information on legal issues in school drug policy are listed at the end of this section.

SEARCHING FOR DRUGS WITHIN THE SCHOOL

In some circumstances, the most important tool for controlling drug use is an effective program of drug searches. School administrators should not condone the presence of drugs anywhere on school property. The presence of any drugs or drug-related materials in school can mean only one thing—that drugs are being used or distributed in school. Schools committed to fighting drugs should do everything they can to

determine whether school grounds are being used to facilitate the possession, use, or distribution of drugs and to prevent such crimes.

In order to institute an effective drug search policy in schools with a substantial problem, school officials can take several steps. First, they can identify the specific areas in the school where drugs are likely to be found or used. Student lockers, bathrooms, and "smoking areas" are obvious candidates. Second, school administrators can clearly announce in writing at the beginning of the school year that these areas will be subject to unannounced searches and that students should consider such areas "public" rather than "private." The more clearly a school specifies that these portions of the school's property are public, the less likely it is that a court will conclude that students retain any reasonable expectation of privacy in these places and the less justification will be needed to search such locations.

School officials should, therefore, formulate and disseminate to all students and staff a written policy that will permit an effective program of drug searches. Courts have usually upheld locker searches where schools have established written policies under which the school retains joint control over student lockers, maintains duplicate or master keys for all lockers, and reserves the right to inspect lockers at any time.[6] While this has not become established law in every part of the country, it will be easier to justify locker searches in schools that have such policies. Moreover, the mere existence of such policies can have a salutary effect. If students know that their lockers may be searched, drug users will find it much more difficult to maintain quantities of drugs in schools.

The effectiveness of such searches may be improved with the use of specially trained dogs. Courts have generally held that the use of dogs to detect drugs on or in objects such as lockers, ventilators, or desks as opposed to persons, is not a "search" within the meaning of the Fourth Amendment.[7] Accordingly, school administrators are generally justified in using dogs in this way.

It is important to remember that any illicit drugs and drug-related items discovered at school are evidence that may be used in a criminal trial. School officials should be careful, first, to protect the evidentiary integrity of such seizures by making sure that the items are obtained in permissible searches, since unlawfully acquired evidence will not be admissible in criminal proceedings. Second, school officials should work closely with local law enforcement officials to preserve, in writing, the nature and circumstances of any seizure of drug contraband. In a criminal prosecution, the State must prove that the items produced as evidence in court are the same items that were seized from the suspect.

Thus, the State must establish a "chain of custody" over the seized items which accounts for the possession of the evidence from the moment of its seizure to the moment it is introduced in court. School policy regarding the disposition of drug-related items should include procedures for the custody and safekeeping of drugs and drug-related materials prior to their removal by the police and procedures for recording the circumstances regarding the seizure.

Searching Students

In some circumstances, teachers or other school personnel will wish to search a student whom they believe to be in possession of drugs. The Supreme Court has stated that searches may be carried out according to "the dictates of reason and common sense." [8] The Court has recognized that the need of school authorities to maintain order justifies searches that might otherwise be unreasonable if undertaken by police officers or in the larger community. Thus the Court held in 1985 that school officials, unlike the police, do not need "probable cause" to conduct a search. Nor do they need a search warrant.[9]

Under the Supreme Court's ruling:

- School officials may institute a search if there are "reasonable grounds" to believe that the search will reveal evidence that the student has violated or is violating either the law or the rules of the school.
- The extent of the permissible search will depend on whether the measures used are reasonably related to the purpose of the search and are not excessively intrusive in light of the age and sex of the student.
- School officials are not required to obtain search warrants when they carry out searches independent of the police and other law enforcement officials. A more stringent legal standard may apply if law enforcement officials are involved in the search.

Interpretation of "Reasonable Grounds"

Lower courts are beginning to interpret and apply the "reasonable grounds" standard in the school setting. From these cases it appears that courts will require more than general suspicion, curiosity, rumor, or a hunch to justify searching a student or his possessions. Factors that will help sustain a search include the observation of specific and describable behavior or activities leading one reasonably to believe that a given student is engaging in or has engaged in prohibited conduct. The more specific the evidence in support of searching a particular student, the

more likely the search will be upheld. For example, courts using a "reasonable grounds" (or similar) standard have upheld the right of school officials to search:

- A student's purse, after a teacher saw her smoking in a restroom and the student denied having smoked or being a smoker.[10]
- A student's purse, after several other students said that she had been distributing firecrackers.[11]
- A student's pockets, based on a phone tip about drugs from an anonymous source believed to have previously provided accurate information.[12]

Scope of the Permissible Search

School officials are authorized to conduct searches within reasonable limits. The Supreme Court has described two aspects of these limits. First, when officials conduct a search, they must use only measures that are reasonably related to the purpose of the search; second, the search may not be excessively intrusive in light of the age or sex of the student. For example, if a teacher believes she has seen one student passing a marijuana cigarette to another student, she might reasonably search the students and any nearby belongings in which the students might have tried to hide the drug. If it turns out that what the teacher saw was a stick of gum, she would have no justification for any further search for drugs.

The more intrusive the search, the greater the justification that will be required by the courts. A search of a student's jacket or bookbag can often be justified as reasonable. At the other end of the spectrum, strip searches are considered a highly intrusive invasion of an individual's privacy and are viewed with disfavor by the courts (although even these searches have been upheld in certain extraordinary circumstances).

School officials do not necessarily have to stop a search if they find what they are looking for. If the search of a student reveals items that create reasonable grounds for suspecting that he may also possess other evidence of crime or misconduct, the school officials may continue the search. For example, if a teacher justifiably searches a student's purse for cigarettes and finds rolling papers like those used for marijuana cigarettes, it will then be reasonable for the teacher to search the rest of the purse for other evidence of drugs.

Consent

If a student consents to a search, the search is permissible, regardless of whether there would otherwise be reasonable grounds for the search. To

render such a search valid, however, the student must give consent knowingly and voluntarily.

Establishing whether the student's consent was voluntary can be difficult, and the burden is on the school officials to prove voluntary consent. If a student agrees to be searched out of fear or as a result of other coercion, that consent will probably be found invalid. Similarly, if school officials indicate that a student must agree to a search or if the student is very young or otherwise unaware that he has the right to object, his consent will also be held invalid. School officials may find it helpful to explain to students that they need not consent to a search. In some cases, standard consent forms may be useful.

If a student is asked to consent to a search and refuses, that refusal does not mean that the search may not be conducted. Rather, in the absence of consent, school officials retain the authority to conduct a search when there are reasonable grounds to justify it, as described previously.

Special Types of Student Searches

Schools with severe drug problems may occasionally wish to resort to more intrusive searches, such as the use of trained dogs or urinalysis to screen students for drug use. The Supreme Court has yet to address these issues. The following paragraphs explain the existing rulings on these subjects by other courts:

- Specially trained dogs. The few courts that have considered this issue disagree as to whether the use of a specially trained dog to detect drugs on students constitutes a search within the meaning of the Fourth Amendment. Some courts have held that a dog's sniffing of a student is a search, and that, in the school setting, individualized grounds for reasonable suspicion are required in order for such a "sniff-search" to be held constitutional.[13] Under this standard, a blanket search of a school's entire student population by specially trained dogs would be prohibited.

  At least one other court has held that the use of trained dogs does not constitute a search, and has permitted the use of such dogs without individualized grounds for suspicion.[14] Another factor that courts may consider is the way that the dogs detect the presence of drugs. In some instances, the dogs are merely led down hallways or classroom aisles. In contrast, having the dogs actually touch parts of the students' bodies is more intrusive and would likely require specific justification.

  Courts have generally held that the use of specially trained dogs to detect drugs on objects, as opposed to persons, is not a search

within the meaning of the Fourth Amendment. Therefore, school officials may often be able to use dogs to inspect student lockers and school property.[15]

- Drug testing. The use of urinalysis or other tests to screen students for drugs is a relatively new phenomenon and the law in this area is still evolving. The few courts that have considered this issue so far have not upheld urinalysis to screen public school students for drugs.[16] The permissibility of drug testing of students has not yet been determined under all circumstances, although drug testing of adults has been upheld in the criminal law setting.

SUSPENSION AND EXPULSION

A school policy may lawfully provide for penalties of varying severity, including suspension and expulsion, to respond to drug-related offenses. The Supreme Court has recently held that because schools "need to be able to impose disciplinary sanctions for a wide range of unanticipated conduct disruptive of the educational process," a school's disciplinary rules need not be as detailed as a criminal code.[17] Nonetheless, it is helpful for school policies to be explicit about the types of offenses that will be punished and about the penalties that may be imposed for each of these (e.g., use, possession, or sale of drugs). State and local law will usually determine the range of sanctions that is permissible. In general, courts will require only that the penalty imposed for drug-related misconduct be rationally related to the severity of the offense.

School officials should not forget that they have jurisdiction to impose punishment for some drug-related offenses that occur off campus. Depending upon State and local laws, schools are often able to punish conduct at off-campus, school-sponsored events as well as off-campus conduct that has a direct and immediate effect on school activities.

Procedural Guidelines

Students facing suspension or expulsion from school are entitled under the U.S. Constitution and most State constitutions to common sense due process protections of notice and an opportunity to be heard. Because the Supreme Court has recognized that a school's ability to maintain order would be impeded if formal procedures were required every time school authorities sought to discipline a student, the Court has held that the nature and formality of the "hearing" will depend on the severity of the sanction being imposed.

A formal hearing is not required when a school seeks to suspend a

student for ten days or less.[18] The Supreme Court has held that due process in that situation requires only that:

- The school must inform the student, either orally or in writing, of the charges against him and of the evidence to support those charges.
- The school must give the student an opportunity to deny the charges and present his side of the story.
- As a general rule, this notice and rudimentary hearing should precede a suspension. However, a student whose presence poses a continuing danger to persons or property or an ongoing threat of disrupting the academic process may be immediately removed from school. In such a situation, the notice and rudimentary hearing should follow as soon as possible.

The Supreme Court has also stated that more formal procedures may be required for suspensions longer than ten days and for expulsions. Although the Court has not established specific procedures to be followed in those situations, other Federal courts [19] have set the following guidelines for expulsions. These guidelines would apply to suspensions longer than ten days as well:

- The student must be notified in writing of the specific charges against him which, if proven, would justify expulsion.
- The student should be given the names of the witnesses against him and an oral or written report on the facts to which each witness will testify.
- The student should be given the opportunity to present his own defense against the charges and to produce witnesses or testimony on his behalf.

Many states have laws governing the procedures required for suspensions and expulsions. Because applicable statutes and judicial rulings vary across the country, local school districts may enjoy a greater or lesser degree of flexibility in establishing procedures for suspensions and expulsions.

School officials must also be aware of the special procedures that apply to suspension or expulsion of students with handicapping conditions* under Federal law and regulations.[20]

Effect of Criminal Proceedings Against a Student

A school may usually pursue disciplinary action against a student re-

* Wording has been changed to comply with New York State policy.

gardless of the status of any outside criminal prosecution. That is, Federal law does not require the school to await the outcome of the criminal prosecution before initiating proceedings to suspend or expel a student or to impose whatever other penalty is appropriate for the violation of the school's rules. In addition, a school is generally free under Federal law to discipline a student when there is evidence that the student has violated a school rule, even if a juvenile court has acquitted (or convicted) the student or if local authorities have declined to prosecute criminal charges stemming from the same incident. Schools may wish to discuss this subject with counsel.

Effect of Expulsion

State and local law will determine the effect of expelling a student from school. Some State laws require the provision of alternative schooling for students below a certain age. In other areas, expulsion may mean the removal from public schools for the balance of the school year or even the permanent denial of access to the public school system.

CONFIDENTIALITY OF EDUCATION RECORDS

To rid their schools of drugs, school officials will periodically need to report drug-related crimes to police and to assist local law enforcement authorities in detecting and prosecuting drug offenders. In doing so, schools will need to take steps to ensure compliance with Federal and State laws governing confidentiality of student records.

The Federal law that addresses this issue is the Family Educational Rights and Privacy Act (FERPA),[21] which applies to any school that receives Federal funding and which limits the disclosure of certain information about students that is contained in education records.[22] Under FERPA, disclosure of information in education records to individuals or entities other than parents, students, and school officials is only permissible in specified situations.[23] In many cases, unless the parents or an eligible student [24] provide written consent, FERPA will limit a school's ability to turn over education records or to disclose information from them to the police. Such disclosure is permitted, however, if (1) it is required by a court order or subpoena, or (2) it is warranted by a health or safety emergency. In the first of these two cases, reasonable efforts must be made to notify the student's parents before the disclosure is made. FERPA also permits disclosure if a State law enacted before November 19, 1974, specifically requires disclosure to State and local officials.

Schools should be aware, however, that because FERPA only governs information in education records, it does not limit disclosure of other

information. Thus, school employees are free to disclose any information of which they become aware through personal observation. For example, a teacher who witnesses a drug transaction may, when the police arrive, report what he witnessed. Similarly, evidence seized from a student during a search is not an education record and may be turned over to the police without constraint.

State laws and school policies may impose additional, and sometimes more restrictive, requirements regarding the disclosure of information about students. Since this area of the law is complicated, it is especially important that an attorney be involved in formulating school policy under FERPA and applicable State laws.

OTHER LEGAL ISSUES

Lawsuits Against Schools or School Officials

Disagreements between parents or students and school officials about disciplinary measures usually can be resolved informally. Occasionally, however, a school's decisions and activities relating to disciplinary matters are the subject of lawsuits by parents or students against administrators, teachers, and school systems. For these reasons, it is advisable that school districts obtain adequate insurance coverage for themselves and for all school personnel for liability arising from disciplinary actions.*

Suits may be brought in Federal or State court; typically, they are based on a claim that a student's constitutional or statutory rights have been violated. Frequently, these suits will seek to revoke the school district's imposition of some disciplinary measure, for example, by ordering the reinstatement of a student who has been expelled or suspended. Suits may also attempt to recover money damages from the school district or the employee involved, or both; however, court awards of money damages are extremely rare. Moreover, although there can be no guarantee of a given result in any particular case, courts in recent years have tended to discourage such litigation.

In general, disciplinary measures imposed reasonably and in accordance with established legal requirements will be upheld by the courts. As a rule, Federal judges will not substitute their interpretations of school rules or regulations for those of local school authorities or otherwise second-guess reasonable decisions by school officials.[23] In addition,

* In New York State, members of boards of education and school district employees are entitled to legal representation and indemnification in connection with claims against them arising out of the performance of their duties (Education Law §§2560, 3023, 3028 and 3811). The question whether insurance is desirable is a matter for local determination.

school officials are entitled to a qualified good faith immunity from personal liability for damages for having violated a student's Federal constitutional or civil rights.[26] When this immunity applies, it shields school officials from any personal liability for money damages. Thus, as a general matter, personal liability is very rare, because officials should not be held personally liable unless their actions are clearly unlawful, unreasonable, or arbitrary.

When a court does award damages, the award may be "compensatory" or "punitive." Compensatory damages are awarded to compensate the student for injuries actually suffered as a result of the violation of his or her rights and cannot be based upon the abstract "value" or "importance" of the constitutional rights in question.[27] The burden is on the student to prove that he suffered actual injury as a result of the deprivation. Thus, a student who is suspended, but not under the required procedures, will not be entitled to compensation if he would have been suspended had a proper hearing been held. If the student cannot prove that the failure to hold a hearing itself caused him some compensable harm, then the student is entitled to no more than nominal damages, such as $1.00.[28] "Punitive damages" are awarded to punish the perpetrator of the injury. Normally, punitive damages are awarded only when the conduct in question is malicious, unusually reckless, or otherwise reprehensible.

Parents and students can also claim that actions by a school or school officials have violated state law. For example, it can be asserted that a teacher "assaulted" a student in violation of a state criminal law. The procedures and standards in actions involving such violations are determined by each state. Some states provide a qualified immunity from tort liability under standards similar to the "good faith" immunity in Federal civil rights actions. Other states provide absolute immunity under their law for actions taken in the course of a school official's duties.

Nondiscrimination in Enforcement of Discipline

Federal law applicable to programs or activities receiving Federal financial assistance prohibits school officials who are administering discipline from discriminating against students on the basis of race, color, national origin, or sex. Schools should therefore administer their discipline policies evenhandedly, without regard to such considerations. Thus, as a general matter, students with similar disciplinary records who violate the same rule in the same way should be treated similarly. For example, if male and female students with no prior record of misbehavior are caught together smoking marijuana, it would not, in the absence of other relevant factors, be advisable for the school to suspend the male

for ten days while imposing only an afternoon detention on the female. Such divergent penalties for the same offense may be appropriate, however, if, for example, the student who received the harsher punishment had a history of misconduct or committed other infractions after this first confrontation with school authorities.

School officials should also be aware of and adhere to the special rules and procedures for the disciplining of handicapped students under the Education of the Handicapped Act, 20 U.S.C. 1400-20, and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794.

How the Law Can Help — Legal Citations

[1] *Bethel* v. *Fraser*, No. 84-1667, 54 U.S.L.W. 5054, 5056 (July 7, 1986).

[2] *New Jersey* v. *T.L.O.*, 105 S. Ct. 733, 742 (1985).

[3] 2 J. Rapp, Education Law, S 906(2) at 9-128 (1986).

[4] See 21 U.S.C. 845A.

[5] See 21 U.S.C. 845.

[6] See, e.g., *Zamora* v. *Pomeroy*, 639 F.2d 662 (10th cir. 1981) (locker search conducted after trained police dog indicated presence of marijuana inside).

[7] See, e.g., *Horton* v. *Goose Creek Independent School District*, 690 F.2d 470, 476-77 (5th Cir. 1982) (en banc) (citing cases and so holding), cert. denied, 463 U.S. 1207 (1983).

[8] *New Jersey* v. *T.L.O.*, 105 S. Ct. at 744.

[9] Id. at 743.

[10] Id. at 745-47.

[11] *Bahr* v. *Jenkins*, 539 F. Supp. 483, 488 (E.D. Ky. 1982).

[12] *Martens* v. *District No. 220*, 620 F. Supp. 29 (N.D. Ill. 1985).

[13] See *Horton* v. *Goose Creek Independent School District*, 690 F.2d at 477 (1982); *Jones* v. *Latexo Independent School District*, 499 F. Supp. 223 (E.D. Tex. 1980).

[14] See *Doe* v. *Renfrow*, 475 F. Supp. 1012 (N.D. Ind. 1979), aff'd in relevant part, 631 F.2d 91 (7th Cir.), cert. denied, 451 U.S. 1022 (1981).

[15] *Horton* v. *Goose Creek Independent School District*, 690 F.2d at 477.

[16] See *Odenheim* v. *Carlstadt-East Rutherford Regional School District*, No. C-4305-85E (N.J. Super. Ct. Ch. Div. December 9, 1985); *Anable* v. *Ford*, Civ. No. 84-6033 (W.D. Ark. July 15, 1985), modified, (W.D. Ark. September 6, 1985).

[17] *Bethel School District* v. *Fraser*, 54 U.S.L.W. at 5054 (July 7, 1986).

[18] *Goss* v. *Lopez*, 419 U.S. 565 (1975).

[19] One of the leading cases is *Dixon* v. *Alabama State Board of Education*, 294 F.2d 150 (5th Cir.) cert. denied, 368 U.S. 930 (1961).

[20] See Education of the Handicapped Act, 20 U.S.C. SS 1400-20, and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. S 794.

[21] See generally 20 U.S.C. S 1232g and 34 C.F.R. Part 99.

[22] The term "education records" is defined as records that are directly related to a student and maintained by or for the education agency or institution. The term does not include certain records maintained by a separate law enforcement unit of an education agency.

[23] FERPA permits a school to disclose information from education records to its own officials (including teachers) who have a legitimate educational interest in the information. A school may determine in its FERPA policy that one such interest is the need to decide on the appropriateness of discipline.

[24] An eligible student is a student who is 18 or older or attending an institution of postsecondary education.

[25] See *Board of Education* v. *McCluskey*, 458 U.S. 966, 970-71 (1982) (per curiam); see also *Tarter* v. *Raybuck*, 742 F.2d 977, 983 (6th cir. 1984), cert. denied, 105 S. Ct. 1749 (1985).

[26] See *Harlow* v. *Fitzgerald*, 457 U.S. 800 (1982); *Wood* v. *Strickland*, 420 U.S. 308 (1975). Under these cases, officials will be immune from personal liability so long as their conduct does not violate clearly established constitutional or Federal statutory rights of which a reasonable person should have known.

[27] *Memphis Community School District* v. *Stachura*, No. 84-410, 54 U.S.L.W. 4771 (June 25, 1986).

[28] *Carey* v. *Piphus*, 435 U.S. 247 (1978).

389

APPENDIX B

Local Councils On Alcoholism (listed by county)

ALBANY COUNTY
Albany Citizens Council on Alcoholism, Inc.
75 New Scotland Avenue
Albany, NY 12208
(518) 434-8083

ALLEGANY COUNTY *
Allegany Area Council on Alcoholism and Substance Abuse, Inc.
23 Jefferson Street
Wellsville, NY 14895
(716) 593-6738

BROOME COUNTY *
Broome County Council on Alcoholism, Inc.
89-91 Court St.
Binghamton, NY 13901
(607) 723-7529

CATTARAUGUS COUNTY *
Cattaraugus County Council on Alcoholism & Substance Abuse, Inc.
201 South Union Street
Olean, NY 14760
(716) 373-4303

CAYUGA COUNTY *
C.H.A.D. (Confidential Help for Alcohol and Drugs)
31 Market Street
Riverview Bldg., 3rd Floor
Auburn, NY 13201
(315) 253-9786

CHAUTAUQUA COUNTY *
Chautauqua County Council on Alcoholism, Inc.
Commons Mall, 2nd Floor
13023 Third
Jamestown, NY 14701
(716) 664-3608

CHEMUNG COUNTY *
Alcoholism Council of Chemung County, Inc.
215 West Water St., Room 8
Elmira, NY 14901
(607) 734-1567

CHENANGO COUNTY *
Council on Alcoholism for Chenango County, Inc.
12 Henry Street
Norwich, NY 13815
(607) 334-5225

CLINTON COUNTY
North Country Council on Alcoholism
Suite 100, 39 Saranac Avenue
Lake Placid, NY 12946
(518) 523-2100

COLUMBIA/GREENE COUNTIES *
Columbia/Greene County Center on Alcoholism, Inc.
315 Warren Street
Hudson, NY 12534
(518) 828-9300

CORTLAND COUNTY
Cortland County Alcoholism Services
60 Central Avenue
Cortland, NY 13045
(607) 753-5055

DELAWARE COUNTY
Delaware County Council on Alcoholism
24 New Street
Walton, NY 13856
(607) 865-4090

DUTCHESS COUNTY
Dutchess County Department of Mental Hygiene
230 North Road
Poughkeepsie, NY 12601
(914) 485-9700
(New Council Developing)

ERIE COUNTY *
Buffalo Area Council on Alcoholism (BACA), Inc.
245 Elmwood Avenue
Buffalo, NY 14222
(716) 885-0095

ESSEX COUNTY
North Country Council on Alcoholism
Suite 100, 39 Saranac Avenue
Lake Placid, NY 12946
(518) 523-2100

FRANKLIN COUNTY
North Country Council on Alcoholism
Suite 100, 39 Saranac Avenue
Lake Placid, NY 12946
(518) 523-2100

FULTON COUNTY
Fulton County Alcoholism Services
57 East Fulton St.
Gloversville, NY 12078
(518) 773-8231
(New Council Developing)

GENESEE COUNTY
Genesee Council on Alcoholism and Substance Abuse, Inc.
30 Bank Street
Batavia, NY 14020
(716) 343-1124/343-1128

GREENE COUNTY: See COLUMBIA/GREENE

HAMILTON COUNTY
Hamilton County Mental Health Services
Box 165
Indian Lake, NY 12842
(518) 648-5355
(New Council Developing)

HERKIMER COUNTY
Herkimer County Mental Health Services
Little Falls Hospital
Little Falls, NY 13365
(315) 823-2382

JEFFERSON COUNTY *
Jefferson County Committee on Alcoholism, Inc.
345 Factory Street
Watertown, NY 13601
(315) 788-4660

LEWIS COUNTY
Jeff-Lewis Alcoholism Services
7657 North State St.
Lowville, NY 13367
(315) 376-5958
(New Council Developing)

LIVINGSTON COUNTY
Livingston County Council on Alcoholism, Inc.
Livingston Campus, Bldg. 2
Mt. Morris, NY 14510
(716) 658-2216

MADISON COUNTY
Madison County Alcoholism Services
248 Main Street
Oneida, NY 13421
(315) 363-8730
(New Council Developing)

MONROE COUNTY *
National Council on Alcoholism
Rochester Area, Inc.
The Health Association of Rochester
and Monroe County
973 East Avenue
Rochester, NY 14607
(716) 271-3540

MONTGOMERY COUNTY *
Montgomery County Alcoholism
Program
St. Mary's Hospital
76 Guy Park Avenue
Amsterdam, NY 12010
(518) 843-4410
(New Council Developing)

NASSAU COUNTY: See last page
under LONG ISLAND

NEW YORK CITY BOROUGHS: See
last page

NIAGARA COUNTY *
Alcoholism Council of Niagara
County, Inc.
1319 Pine Avenue
Niagara Falls, NY 14301
(716) 282-1228

ONEIDA COUNTY *
National Council on Alcoholism
Oneida County, Inc.
42 Genesee Street
New Hartford, NY 13413
(315) 732-6155

ONONDAGA COUNTY *
Onondaga Council on Alcoholism
and Addictions, Inc.
716 James Street
Syracuse, NY 13203-2080
(315) 471-1359

ONTARIO COUNTY
Council on Alcoholism of the Finger
Lakes
500 Hamilton Street
Geneva, NY 14456
(315) 789-0310

ORANGE COUNTY *
Orange County Council on
Alcoholism, Inc.
P.O. Box 583
Goshen, NY 10924
(914) 294-9000

ORLEANS COUNTY
Orleans County Alcoholism Services
14012 Route 31
Infirmary Bldg.
Albion, NY 14411
(716) 589-5676, Ext. 261

OSWEGO COUNTY *
Oswego Council on Alcoholism, Inc.
175 East Seventh St.
Oswego, NY 13126
(315) 342-2370

OTSEGO COUNTY
L.E.A.F./Council on Alcoholism
45 Pioneer Street
Cooperstown, NY 13326
(607) 547-8220

PUTNAM COUNTY *
Putnam County Council on
Alcoholism, Inc.
Hickman Building
Rt. 6 Church St.
Carmel, NY 10512
(914) 225-4646

RENSSELAER COUNTY
Alcoholism Center of Rensselaer County
16 First Street
Troy, NY 12180
(518) 272-3918

ROCKLAND COUNTY *
Rockland Council on Alcoholism, Inc.
1 South Broadway
Nyack, NY 10960
(914) 358-4357

ST. LAWRENCE COUNTY
St. Lawrence County Alcohol & Substance Abuse Service
Van Housen Hall
Gouverneur Drive
SUNY Potsdam Box 699
Potsdam, NY 13676
(315) 265-6190
(New Council Developing)

SARATOGA COUNTY
Saratoga Co. Council on Alcoholism, Inc.
720 N. Broadway
Saratoga Springs, NY 12866
(518) 587-4860

SCHENECTADY COUNTY *
Alcoholism Council of Schenectady
434 State St., Room 202
Schenectady, NY 12305
(518) 346-4436

SCHOHARIE COUNTY
Schoharie Council on Alcoholism, Inc.
P.O. Box 126
Schoharie, NY 12157
(518) 295-8136

SCHUYLER COUNTY
Schuyler County Mental Health Services
305 East Fourth St.
Watkins Glen, NY 14891
(607) 535-2398

SENECA COUNTY: See ONTARIO COUNTY

STEUBEN COUNTY *
Corning Area Council on Alcoholism, Inc.
239 Chemung Street
Corning, NY 14830
(607) 937-5156/7

SUFFOLK COUNTY: See last page under LONG ISLAND

SULLIVAN COUNTY *
Sullivan County Council on Alcoholism and Substance Abuse, Inc.
17 Hamilton Avenue
Monticello, NY 12701
(914) 794-8080

TIOGA COUNTY
Tioga County Alcohol & Drug Services
175 Front Street
Owego, NY 13827
(607) 687-5555

TOMPKINS COUNTY
Alcoholism Council of Tompkins County, Inc.
301 S. Geneva St., Room G-10
Ithaca, NY 14850
(607) 273-5422

ULSTER COUNTY
Ulster County Council on Alcoholism, Inc.
48 Main Street
Kingston, NY 12401
(914) 331-9331

WARREN/WASHINGTON COUNTY *
Warren/Washington Council on Alcoholism, Inc.
77 Main Street
Hudson Falls, NY 12839
(518) 747-2191

WAYNE COUNTY: See ONTARIO

WESTCHESTER COUNTY *
National Council on Alcoholism/ Westchester
10 Longview Avenue
White Plains, NY 10601
(914) 946-1358

WYOMING COUNTY
Wyoming County Alcoholism Treatment Program
189 North Main Street
Warsaw, NY 14569
(716) 786-8133

LONG ISLAND *
(NASSAU AND SUFFOLK COUNTIES)
Long Island Council on Alcoholism, Inc.
110 Main Street
Mineola, NY 11501
(516) 747-2606

NEW YORK CITY BOROUGHS–
ALL TREATMENT CALLS
Alcoholism Council of Greater New York, Inc.
133 East 62nd Street
New York, NY 10021
(212) 935-7075

NEW YORK CITY BOROUGHS–
COMMUNITY CALLS

BRONX *
Bronx Committee for the Betterment of Alcoholism Services
3164 Third Avenue
Bronx, NY 10451
(212) 402-8900

BROOKLYN *
Brooklyn Committee on Alcoholism
307 76th Street
Brooklyn, NY 11209
(718) 833-8101

MANHATTAN *
Manhattan Committee on Alcoholism
c/o Manhattan/Bowery Project
275 Seventh Avenue
New York, NY 10001
(212) 620-0340

QUEENS *
Queens County Council on Alcoholism, Inc.
c/o Camel Head
40-05 149th Place
Flushing, NY 11358
(718) 359-5816

STATEN ISLAND
Staten Island Committee on Alcoholism
417 – 63rd St.
Brooklyn, NY 11220
(718) 390-5765

* Counties with individuals trained in "Talking With Your Kids About Alcohol."

APPENDIX C

Local Designated Agencies (listed by county)

ALBANY COUNTY
Albany County Community Mental Health Board
59 Ferry Street
Albany, NY 12202
Telephone: (518) 455-7871

ALLEGANY COUNTY
Allegany County Community Services Agency
22 West State Street
Wellsville, NY 14895
Telephone: (716) 593-6300

BROOME COUNTY
Broome County Community Mental Health Services
97 Chestnut Street
Binghamton, NY 13905
Telephone: (607) 772-0151

CATTARAUGUS COUNTY
Cattaraugus County Community Services Board
201 S. Union Street – Guidance Center
Olean, NY 14760
Telephone: (716) 373-4303

CAYUGA COUNTY
Cayuga County Community Mental Health Center
146 North Street
Auburn, NY 13021
Telephone: (315) 685-7350

CHAUTAUQUA COUNTY
Chautauqua County Department of Mental Health
Clothier Building
Mayville, NY 14757
Telephone: (716) 753-4319

CHEMUNG COUNTY
Chemung County Community Services Board
425-447 Pennsylvania Avenue
Elmira, NY 14904
Telephone: (607) 737-2908

CHENANGO COUNTY
Chenango County Alcohol and Drug Abuse Services
171 North Broad Street
Norwich, NY 13815
Telephone: (607) 335-4615

CLINTON COUNTY
Clinton County Community Services Board
30 Durkee Street
Plattsburgh, NY 12901
Telephone: (518) 561-7201

CORTLAND COUNTY
Cortland County Mental Health Board
60 Central Avenue
Cortland, NY 13045
Telephone: (607) 753-5055

DELAWARE COUNTY
Delaware County Community Services Board
1 Hospital Road
Walton, NY 13856
Telephone: (607) 865-4213

DUTCHESS COUNTY
Dutchess County Department of Mental Hygiene
230 North Road
Poughkeepsie, NY 12601
Telephone: (914) 485-9700

ERIE COUNTY
Erie County Department of Mental Health
Edward Rath Co. Bldg.
95 Franklin Street
Buffalo, NY 14202
Telephone: (716) 846-8531

FRANKLIN COUNTY
Franklin County Community Mental Health
11 Brewster Street
Malone, NY 12953
Telephone: (518) 483-3261

FULTON COUNTY
Fulton County Mental Health Services
57 East Fulton Street
Gloversville, NY 12078
Telephone: (518) 773-8231

GENESEE COUNTY
Genesee County Mental Health Services
211 East Main Street
Batavia, NY 14020
Telephone: (716) 344-1421

GREENE COUNTY
Greene County Community Services Board
County Office Building
Cairo, NY 12413
Telephone: (518) 622-9440

HAMILTON COUNTY
Hamilton County Drug Abuse Prevention Council
P.O. Box 421
Wells, NY 12190
Telephone: (518) 624-5600

HERKIMER COUNTY
Herkimer County Catholic Charities
216 Henry Street
Herkimer, NY 13350
Telephone: (315) 866-4268

JEFFERSON COUNTY
Jefferson County Drug Abuse Prevention Council
c/o Credo Foundation
138 Winthrop Street
Watertown, NY 13601
Telephone: (315) 782-7070

LIVINGSTON COUNTY
Livingston County Community Services Board
Murry Hill Bldg. #1
Mt. Morris, NY 14510
Telephone: (716) 658-2834

MADISON COUNTY
Madison County Mental Health Services
County Office Bldg.
P.O. Box 608
Wampsville, NY 13163
Telephone: (315) 366-2327

MONROE COUNTY
Monroe County Mental Health Department
111 Westfall Road, Rm. 914
Rochester, NY 14620
Telephone: (716) 442-4000

MONTGOMERY COUNTY
Montgomery County Community Mental Health Board
427 Guy Park Avenue
Amsterdam, NY 12010
Telephone: (518) 842-1900

NASSAU COUNTY
Nassau County Department of Drug & Alcohol Addiction
175 Fulton Avenue
Hempstead, NY 11550
Telephone: (516) 560-1910

NIAGARA COUNTY
Niagara County Mental Health Board
775 Third Street – Co. Building
Niagara Falls, NY 14301
Telephone: (716) 285-9636

ONEIDA COUNTY
Oneida County DAPC
400 Rutger Street
Utica, NY 13501
Telephone: (315) 724-5168

ONONDAGA COUNTY
Onondaga County Mental Health Board
421 Montgomery Street – 10th Floor
Civic Center
Syracuse, NY 13202
Telephone: (315) 425-3355

ONTARIO COUNTY
Ontario County Division of Health and Medical Services
3907 County Road 46
Canandaigua, NY 14424
Telephone: (716) 394-7070

ORANGE COUNTY
Orange County Department of Mental Health
Harriman Drive Drawer 471
Goshen, NY 10924
Telephone: (914) 294-6185

ORLEANS COUNTY
Orleans County Community Services Board
14012 Rt. 31
Infirmary Building
Albion, NY 14411
Telephone: (716) 589-7004

OSWEGO COUNTY
Oswego County Mental Health Board
70 Bunner Street
Oswego, NY 13126
Telephone: (315) 349-3300

OTSEGO COUNTY
Otsego County Community Services Board
242 Main Street – 3rd Floor
Oneonta, NY 13820
Telephone: (607) 433-2343

PUTNAM COUNTY
Putnam County Community Mental Health Dept.
21 Old Route 6
Carmel, NY 10512
Telephone: (914) 225-1515

RENSSELAER COUNTY
Rensselaer County Mental Health Department
7th Ave. & State Street
County Office Building
Troy, NY 12180
Telephone: (518) 270-5401

ROCKLAND COUNTY
Rockland County Community
Services Board
Sanatorium Road
Pomona, NY 10970
Telephone: (914) 354-0200

ST. LAWRENCE COUNTY
St. Lawrence County Community
Mental Health Board
c/o SUNY Potsdam Box 229
Potsdam, NY 13676
Telephone: (315) 265-6190

SARATOGA COUNTY
Saratoga County Community Mental
Health Board
Cramer House
211 Church Street
Saratoga Springs, NY 12866
Telephone: (518) 584-9030

SCHENECTADY COUNTY
Schenectady County Community
Services Board
County Office Bldg.
620 State Street
Schenectady, NY 12307
Telephone: (518) 382-3382

SCHOHARIE COUNTY
Schoharie County Mental Health
Board
Box 160 – Route 30
Schoharie, NY 12157
Telephone: (518) 295-8136

SCHUYLER COUNTY
Schuyler County Youth Bureau
208 Broadway Street
Montour Falls, NY 14865
Telephone: (607) 535-7756

SENECA COUNTY
Seneca County Community
Counseling Center
31 Thurber Drive
Waterloo, NY 13165
Telephone: (315) 539-5043

STEUBEN COUNTY
Steuben County Youth Bureau
P.O. Box 17
149 Pine Street
Corning, NY 14830
Telephone: (607) 936-4158

SUFFOLK COUNTY
Suffolk County Drug Abuse Services
225 Rabro Drive East
Hauppauge, NY 11787
Telephone: (516) 348-2917

SULLIVAN COUNTY
Sullivan County Dept. of Community
Services
3 Liberty Street
Monticello, NY 12701
Telephone: (914) 794-7500

TIOGA COUNTY
Tioga County Community Services
Board
175 Front Street
Owego, NY 13827
Telephone: (607) 625-2136

TOMPKINS COUNTY
Tompkins County Community Mental
Health Services
1287 Trumansburg Road
Ithaca, NY 14850
Telephone: (607) 274-5458

ULSTER COUNTY
Ulster County Mental Health Services
Board
400 Broadway
P.O. Box 1800
Kingston, NY 12401
Telephone: (914) 331-6340

WAYNE COUNTY
Wayne County Mental Health
Services
7328 Newark-Lyons Road
Lyons, NY 14489
Telephone: (315) 946-4873

WESTCHESTER COUNTY
Westchester County Community
Mental Health Services
112 East Post Road
2nd Floor
White Plains, NY 10601
Telephone: (914) 285-5236

WYOMING COUNTY
Wyoming County Community
Services Board
338 North Main Street
Warsaw, NY 14569
Telephone: (716) 786-8771

YATES COUNTY
Yates County Mental Health Clinic
431 Liberty Street
Penn Yan, NY 14527
Telephone: (315) 536-4461